

**A Study Into**  
**RUHSA's**  
**Adolescent**  
**Girls' Workshop**  
*...and An Assessment*  
*of its Impact on*  
*Participants' Social,*  
*Economic and*  
*Personal Development*

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Table of Contents  
Foreword  
Introduction  
Literature Review  
Nature of the Problem  
Definition

A Study Into  
**RUHSA's**  
**Adolescent Girls' Workshop**  
**And An Assessment Of**  
**The Workshop's Impact On**  
**Participants' Social, Economic**  
**And Personal Development**

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# Table of Contents

<b>FOREWORD</b>	5
<b>INTRODUCTION</b>	7
<b>LITERATURE REVIEW</b>	8
<b>NATURE OF THE PROBLEM</b>	11
JUSTIFICATION	11
AIM	11
<b>OBJECTIVES</b>	12
1 GENERAL OBJECTIVES OF ADOLESCENT GIRLS' WORKSHOP	12
2 GENERAL OBJECTIVES OF STUDY	12
3 SPECIFIC OBJECTIVES OF STUDY	12
<b>METHODOLOGY</b>	13
GENERAL METHODOLOGY OF STUDY (TIME PLAN)	13
Adolescent Workshop participation	13
SPECIFIC METHODOLOGY OF STUDY	13
<b>GENERAL OVERVIEW OF STUDY</b>	14
GEOGRAPHIC AND DEMOGRAPHIC DESCRIPTION OF STUDY AREA	14
OVERVIEW OF ADOLESCENT WORKSHOPS	14
TOTAL POPULATION OF STUDY	15
<b>MAP OF KV KUPPAM BLOCK</b>	17
<b>IMPACT ASSESSMENT SURVEY SAMPLE</b>	18
<b>RESULTS AND OBSERVATIONS</b>	20
OBSERVATIONS OF ADOLESCENT GIRLS' WORKSHOPS	20
IMPACT ASSESSMENT RESULTS	21
<b>DISCUSSION AND FINDINGS</b>	42
DISCUSSION OF WORKSHOPS' PRE- AND POST-EVALUATION RESULTS	42
IMPACT ASSESSMENT	45
<b>LIMITATIONS</b>	50
LIMITATIONS OF WORKSHOPS AND IMPACT ASSESSMENT	50
<b>RECOMMENDATIONS</b>	52
<b>CONCLUSION</b>	54
<b>APPENDICES</b>	57
APPENDIX A - STUDY POPULATION BY WORKSHOP	58
Workshop I - Adolescent Girls' Workshop (23-25 March 1998)	58
Workshop II - Adolescent Girls' Workshop (26-28 March 1998)	59
Workshop III - Adolescent Boys' Workshop (30-31 March 1998)	60

APPENDIX B - PRE- AND POST-EVALUATION DETAILED COMPARISON (WORKSHOP I: 23-25 MARCH)	61
PRE-EVALUATION TEST	61
PRE-EVALUATION TEST	62
POST-EVALUATION TEST	63
POST-EVALUATION TEST	64
APPENDIX C - IMPACT ASSESSMENT SURVEY SCHEDULE	67
APPENDIX D - PRE- AND POST-EVALUATION DETAILED COMPARISON	73
APPENDIX E ADOLESCENT GIRLS' PROGRAM SEQUENCE OF EVENTS	75
APPENDIX F A REPORT ON THE ADOLESCENT GIRLS' WORKSHOP CHENNAI EXCURSION.	81

## FOREWORD

'Adolescence' is a word based on the Latin verb 'adolescere', which means "to grow to maturity". It is described as a period of transition during which "the individual changes physically and psychologically from child to adult" (Hurlock 1973, p.2). However, adolescence can be viewed than much more than a step up from childhood and a step away from adulthood. As a result of major world-wide social changes which have occurred and focused attention on this particular group within society, the way in which we understand adolescence has been changing slowly but perceptibly. In fact, many researchers suggest that it is a built-in necessary transition period for ego development. Adolescence presents young individuals with a special burden, an opportunity, and a challenge to build up confidence in themselves and their abilities. The individual must be prepared to make many important decisions concerning his or her future.

The realisation that positive adjustment in mental, physical and social spheres has critical implications for adult development and for the overall maintenance of a healthy, well-balanced, and functioning society, has led to a new surge of interest in the adolescent years.

Paralleling this 'new surge of interest' and realisation of the overall implications for the development of a well functioning community and society, RUHSA initiated an Adolescent Girls' Workshop in 1990. The workshop aimed to organise and train adolescent girls in social skills, literacy, health, nutrition, and women's issues. As a result of past evaluations, the need for a similar workshop involving adolescent boys was identified. The inaugural Adolescent Boys' Workshop was conducted in 1998.

The study involves the analysis of two distinct yet interrelated areas. First, the Study outlines and appraises the Adolescent Girls' Workshop as a whole. Second, the Study attempts to assess the impact of the Workshop on its participants. This is the first study which attempts to assess the medium-term impact of the workshop on the lives of individuals who have attended them.

## ACKNOWLEDGEMENTS

It is both a duty and an obligation of the students to express their gratitude to those people who have assisted them at various stages throughout the research project.

We gratefully acknowledge Dr Abel for the opportunity to involve ourselves in the Adolescents' Workshop, and are immensely grateful for allowing us to undertake this study.

We would like to extend our thanks to the co-ordinator of the Study, Mrs Jayalakshmi; and also the coordinator of the Workshop, Mrs Vijaya Kumari, for their support and insights during the Workshop.

We thank Mr. Alexander, Mr. Asokan, Mr Joseph, Mr Jothimurthy, and Mr Govindaraj who assisted as interpreters during the initial data collection phase of this study. A similar thanks to the interpreters, RCOs, and FCVs for their assistance during the Field Survey Phase.

We acknowledge and appreciate the advice, cultural insights, and assistance of all RUHSA staff, without which our adjustment to the cultural and organisational environments would have been difficult. Thank you for your understanding and patience.

**Finally, we would like to share our indebtedness to all of the participants of the Workshops without whom there would be no Study. Their friendliness, openness, and honest participation in this study is greatly appreciated.**

## INTRODUCTION

Adolescence is an important transitional age in which changes are constantly taking place in mind, body, and social environment. Although 'important', the period is often neglected and development often restricted by strong social customs and norms.

Many studies and statistics provide substantial evidence of the neglect of adolescent girls, a neglect that manifests in diverse ways, and when considered together create and reveal an alarming social picture. Statistics from a previous RUHSA report suggest that early marriages are resulting in premature pregnancy, pre-mature births, and general levels of malnutrition of the female child. These suggestions are illustrated by high infant mortality rates, and high mortality rates of females in general. The picture is similar in the sphere of education and is highlighted by the high differential in enrollment and drop-out rates of females as compared to males. Statistics also suggest that the percentage of the Indian population who are located in rural areas has remained at approximately 80%. It is expected that this figure will remain stable in the immediate future. As such, India has retained and will continue to retain its 'rural character'; hence the development of rural India appears imperative, if not crucial for the overall development of the nation. Given the above, it is widely accepted by social analysts and theorists that rural areas and rural people have an exceptionally important role to play in the future progress and prosperity of India.

Increasingly, both Government organisations and NGOs throughout India are becoming conscious of the magnitude of the problems and are attempting to make serious efforts to improve the status and social, economic, and psychological development of women and children. Historically, few of the programs developed were organised to involve the girls directly in the process of change; adolescent girls in particular.

In terms of the quality of future generations, the most crucial segment of the population is today's young. In particular, young women whose achievement and competence will determine the extent of health levels and nutrition standards of the children of the next generation.

Given this, the Adolescent Girls' Program was initiated in 1990 by RUHSA to organise and train adolescent girls in the areas of social interaction, literacy, health, nutrition and women's issues. This was aimed at improving their quality and competence as future citizens, potential home-makers, and leaders within the community.

## Literature Review

The rural girl child in India is the most disadvantaged from the time of her very arrival into this world. She constantly faces discrimination and culturally induced barriers in the spheres of health, education and general development in a typical patriarchal society (Bhatia, 1997). Despite movements toward freedom and reform laws to improve the status of women, she still suffers discrimination and indignity so strong that "dehumanisation is the gender reality of India" (Chandra, 1998,p.22).

Social justice is the most talked about ideal in all of developing societies, and ironically it is also the first to be sacrificed at the alter of growth (Chandra, 1998). India's children form nearly 1\3 of the total population of this country, yet as a nation India is not able to give the care and support that children need and deserve (Chandra, 1998).

Reasons will be given as to why programs such as the Adolescent Girls Program offered by RUHSA are important to the development of this country and most important its people in these rural settings.

In addition, research has not been previously conducted assessing the impact of programs such as the Adolescent Girls Program. It has only been discovered that past pre- and post-evaluations have determined the success (or failure) in terms of knowledge retention level. Therefore, there is a need for this Study assessing the impact of the program on the girls' lives. This is regarded as a true measure of how the program has succeeded in benefiting the lives of the girls. Therefore, the problems that have been identified in the literature is contained herein are examples of issues that need to be resolved and this can only be achieved by assessing and evaluating the impact of these programs on the girls' lives.

The previous 1990-1996 reports on adolescent girls had identified issues and goals they wanted to overcome. Issues such as delayed pregnancy, increased use of social welfare schemes and others; all of which were included in this 1998 workshop. However, there has been no literature to suggest the goals of learning about these issues and incorporating them into their daily lives has been achieved.

Many studies provide evidence for the lack of development and general support of the adolescent girl. There are suggestions that there is a need to counteract negative attitudes towards the girl child, and in turn the adolescent, by highlighting the important value of the girl to the family, society, and the nation as a whole (Baskar, 1997). This could be done through programs such as the adolescent programs provided by RUHSA. This is a reason why these programs are important and necessary. They can begin to raise the overall status of the adolescent girl by giving her equal access to health, education and security (Pachauri, 1994).

At the moment, there is little evidence of how issues learned during past programs has affected and impacted on the girls' everyday lives. Awareness and evidence of issues that need to be improved upon can provide important insights into improving the lives' of the adolescent girl (Pachauri, 1994).

It has been found that in most of the rural areas there is no demand for girl's education (Srivastava, 1997). This perception needs to be changed, and through programs and an increased awareness of the importance of education for girls this can occur.

In India the lower socio-economic groups are largely illiterate. They generally think about present survival, and in broad terms this thought is their major concern and worry. Most often they do not think of their future and this thought process must be changed. (Chandra, 1998).

Consciously and unconsciously this society, its teachers and parents, and the media have been reinforcing the stereotypes of gender roles and expectations. This has resulted in girls finding it most difficult to penetrate the barriers within society's structures that have been placed before them by these societal and structural beliefs.

The value and belief system of a patriarchal society has deeply set in their minds and psyches the idea of "male supremacy and female dependency" (Bhatia, 1998, p. 15) that the notion of equality, equity and justice for girls and appears to be beyond reality. The male dominated society has in turn resulted in many forms of exploitation and discriminatory practice such as female foeticide and infanticide, the practice of sati, and merciless dowry murders (Bhatia, 1998). Programs such as the ones RUHSA offers are opportunities for adolescent girls to advance beyond these culturally embedded practices. Thus, to determine the success of overcoming these problems assessment of the impact of these programs on the girls lives must occur.

Another issue is violence against women. This is also an expression of male dominated society against the helplessness of women. "The cure for this social malady lies in education and awareness " (Chandra, 1998, p.13)

Education is the key, otherwise another issue that will keep on occurring is child labour (Chandra, 1998). A factor that perpetuates child labour is illiteracy and ignorance of the parents towards the importance of education. Therefore, an important factor for the improvement of an adolescent's life appears to be education, both of the adolescent and of his or her parent.

Let us all contribute to celebrate the birth of the girl child, to ensure her survival, protection and development through education, nutrition and her growth into an independent, self-confident and equal citizen of India as is done for boys.

Furthermore, let's continue the celebration of the girl child by allowing this to be a time to initiate and continue change - change for a future filled with hope and development of this country and its people. This can be done by offering programs such as the RUHSA Adolescent Girls Program. Research must be made available to see how these past and

future programs are creating better lives for these young girls. The focus must be on the participants and their future.

Adolescent girls are the future mothers of this country. If their lives do not change their daughters will. The change must start now. In addition, as well as the education and general improvement in perception and attitude towards the adolescent girl, change needs to also take place with the adolescent boys.

At this moment in time, the majority of leaders of this country are male, thus they play a huge part in allowing and facilitating change to occur. An increased awareness of the problems that women face through programs such as the Adolescent Boys Program can facilitate this change. Major issues that affect this society, such as dowry must be made aware of their wrongdoing; disastrous regressing effects it has on the development of this country. RUHSA and its Adolescent Girls Program and assessing the impact their programs have on the participants is an example, of the positive changes that can take place for its people to advance culturally, physically, mentally and personally.

## NATURE OF THE PROBLEM

### *Justification*

Education is described as either “a process of growth or evolution towards the fullest development of an individuals potentialities”, or “essentially a social enterprise” for the good of society. (White 1984,p.23-25). Although the Adolescent Workshops' syllabi contain specific subject matter which is considered to fit appropriately into either of these descriptions, no research has been conducted to assess the medium to long term impact of the Workshops on the development of its participants.

In the past, success or failure of the Workshop, and also of its participants, has been solely based on pre- and post-evaluation testing. In one respect, this method of assessment can be viewed as beneficial as it assess the retention and recollection of information which is intrinsic to the gaining of knowledge. However; a severe limitation of this method is that it does not assess the ‘synthesis’ of this information, or in other words, the ability of an individual to integrate many ideas into one solution, or one situation. Similarly, it does not assess how the knowledge gained is utilised in the participants' future lives, attitudes, and activities. Given the above; as well as evaluating and assessing the participants' retention and recollection of information, the Study strives to assess the impact of the Workshops on individual participants.

Similarly, by the researchers' involvement in, and observation of the Workshops, it is suggested that the Study will provide an objective tool by which the management of the Workshops' methodologies can be developed.

### *Aim*

In broad terms, this Study aims to identify how RUHSA has assisted in the increase of an individual's knowledge base, and the shaping of the consciousness and moral character of the individual in its Workshops by the dissemination of relevant information, experience, and knowledge; and ultimately, how it can continue to effectively facilitate this process.

## OBJECTIVES

### **1 General Objectives of Adolescent Girls' Workshop**

- 1.1 To develop leadership qualities among adolescent girls.
- 1.2 To identify the health, nutritional, and social problems of adolescent girls.
- 1.3 To identify the ways of promoting the health and nutritional status of adolescent girls.
- 1.4 To identify the physiological changes during puberty.
- 1.5 To state the consequences of early marriage and teenage pregnancy.
- 1.6 To discuss the importance of antenatal, post-natal, newborn care, and family welfare.
- 1.7 To discuss the concept, prevalence, and prevention of HIV / AIDS.
- 1.8 To state the causes, signs, spread, and prevention of the 'six killer diseases' and diarrhoea.
- 1.9 To identify strategies to promote socio-economic status among adolescent girls.

### **2 General Objectives of Study**

- 2.1 To analyse, evaluate, and assess the impact of RUHSA's Adolescent Girls' Workshop conducted from 1990 to 1996.
- 2.2 To participate in the planning, implementation, evaluation, and development of RUHSA's Adolescent Workshops.

### **3 Specific Objectives of Study**

- 3.1 To analyse, evaluate, and assess the impact of RUHSA's Adolescent Girls' Workshops on participants':
  - (a) lives;
  - (b) day-to-day activities;
  - (c) attitudes; and
  - (d) personal, social, economic, and psychological development.
- 3.2 To evaluate the information retention and recollection of participants.
- 5.3.3 To participate, where appropriate and possible, in the planning, implementation, and evaluation of the Adolescent Girls' Workshops.

METHODOLOGY

General Methodology of Study (Time Plan)

Date	Activity
1-16 March	RUHSA orientation
16-23 March	Adolescent Workshop / Impact Assessment preparation
23-31 March	Adolescent Workshop participation
1-17 April	Interim Report preparation
20-27 April	Field Village Visit to Panamadangi
27 Apr-8 May	Field Impact Assessment Interviews
11-25 May	Final Draft Completion
1 June	Study presentation

Specific Methodology of Study

The specific methodologies will be related to the specific objectives identified in the previous Section of this Report.

- 2.1 Impact Assessment Survey Schedule (objectives 3.1-3)
- 2.2 Pre- and post- evaluation knowledge testing (objectives 3.2-3)
- 2.3 Observation, discussion, and participation in the Adolescent Girls’ Program and Impact Assessment (objectives 3.1 and 3.3)

## GENERAL OVERVIEW OF STUDY

### **Geographic and Demographic Description of Study Area**

The Study's geographical area of interest is K.V. Kupam Block. The area consists of 39 panchayets which are serviced by RUHSA's 18 peripheral service units (PSU) as well as RUHSA's central campus and hospital. K.V. Kupam Block is approximately 180.32 square kilometres in size, and has a population of approximately 1,01,297. Of this population, approximately 54 980 are male, and 55 307 are female. The area is identified in Appendix A.

### **Overview of Adolescent Workshops**

Since 1990, RUHSA has conducted 46 Adolescent Girls' Workshops, and conducted its inaugural Adolescent Boys' Workshop in March 1998. Table 7A identifies the type and number of Workshop conducted, and the number of participants who have attended each category of Workshop since 1990.

**Table 1. Type of Adolescent Workshop conducted and number of participants (1990-98).**

19XX90	91	92	93	94	95	96	97	98	TOTAL	
Ad. Girls' W'shops	1	-	3	18	17	3	2	-	2*	46
Ad. Boys' W'shops	-	-	-	-	-	-	-	-	1	1
Female Participants	49	-	133	1035	1113	194	147	-	116*	2787
Male Participants	-	-	-	-	-	-	-	-	36	36

*\*includes girls returning for a second Workshop (26-28 March 1998)*

### **Total Population of Study**

The total population of the Study is 148. The total population of the Study represents 5.3% of the total number of girls who have attended an Adolescent Girls' Workshop between 1990 and 1998. For the purposes of the initial part of the Study (which outlines and appraises the Adolescent Girls' Workshop through observation and participation in the Workshop) the population is 116. This is the total number of participants of the two Workshops held on 23-25 March 1998, and 26-28 March 1998 respectively. Table 7B identifies the Study Population by Age and Education. Table 7C identifies the Study Population by Village.

**Table 2. Study Population by Age and Education.**

AGE	No	%
14	2	2
15	14	11
16	17	15
17	29	25
18	26	22
19	17	15
20	2	2
21	4	3
22	1	1
23	1	1
24	1	1
UNK	2	2
<b>TOTAL</b>	<b>116</b>	<b>100</b>

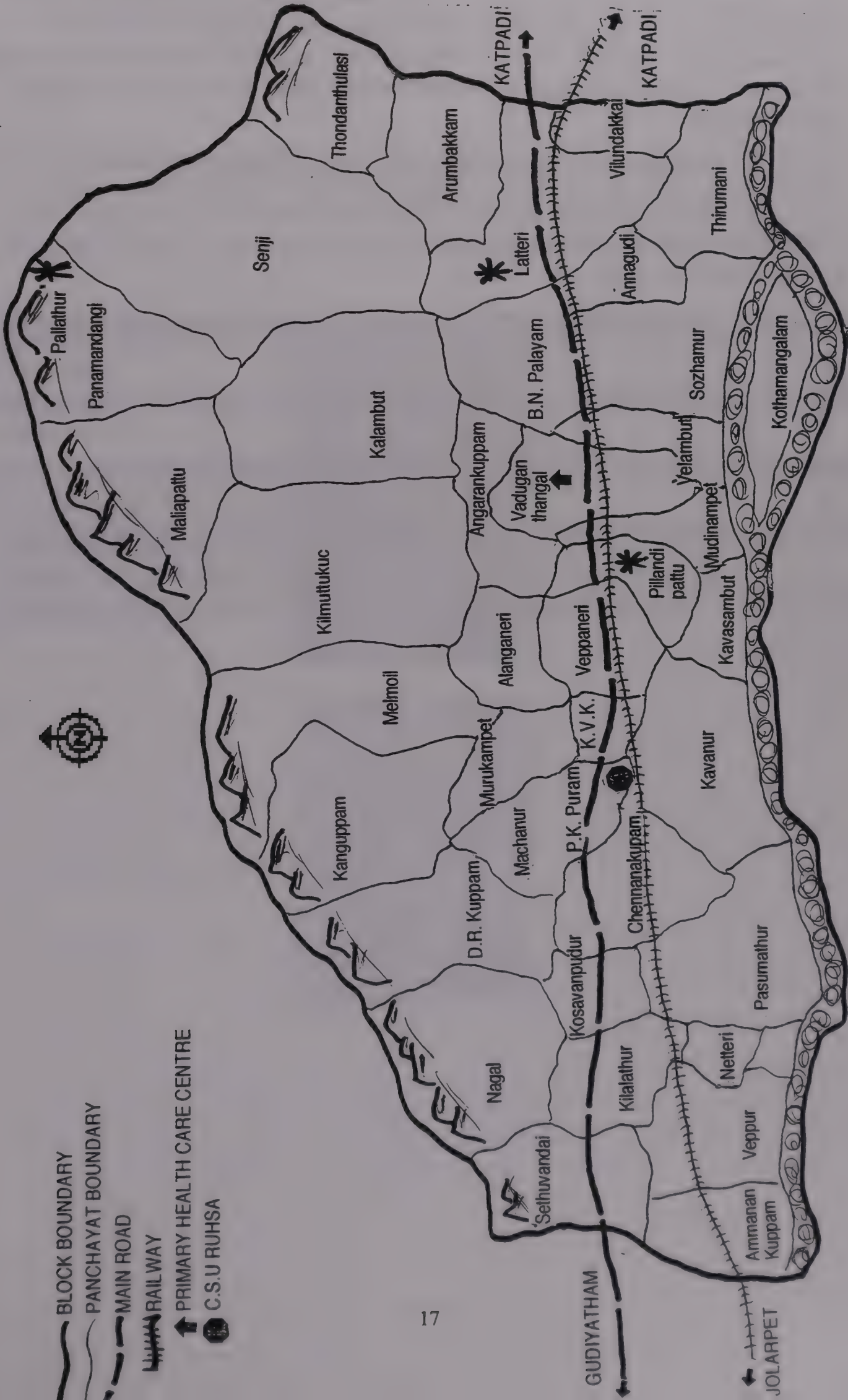
Education	No	%
4	1	1
5	5	4
6	1	1
7	4	3
8	47	41
9	14	12
10	34	29
+1	-	-
+2	8	7
UNK	2	2
<b>TOTAL</b>	<b>116</b>	<b>100</b>

*Table 3. Study Population by Village.*

VILLAGE NAME	No	%
Thirumani	33	22
Senji	13	9
Thondanthulasi, UNK	7	5
Kavasamputtu, Melvilachur	5	3
Thuthithangal, Angarankuppam, Chennankuppam, Panamadangi, KV Kuppam, Mohammad Puram, Kizavilachur	4	3
Annangudi	3	2
Netteri, Pasumathur	2	1
Veppaneri, Maliyapattu, Murrukupattu, Latteri, PK Purram, Kaningapurram, Korapattari, Arumbabbam, Kebhmuttukur, Pillandipattu, Kilmuttukur	1	1
TOTAL	148	100

Of the Study's total population of 148, 61 were involved in the Impact Assessment. This group of 61 are the survey sample and are described in Section 7.4 of this report.

MAP OF KV KUPPAM BLOCK



## Impact Assessment Survey Sample

The total number in the survey sample / Impact Assessment is 61. This represents approximately 2% of the total number of adolescent girls who have attended an Adolescent Girls' Workshop between 1990 and 1998, and, based on 1994 Census figures, just below 1% of the total number of adolescent girls (aged between 13 and 18) in K.V. Kuppam Block.

Initially the survey sample was identified on the basis of the number of attendees at the 25 - 27 March 1998 Adolescent Girls' Workshop (29 participants). Subsequently, participants of the Field phase (32 participants) were identified by RCOs, via FCVs. Table 7D identifies the total survey sample by age, and education. Table 7E identifies the survey sample by village.

**Table 4. Survey Sample / Impact Assessment Population by Age, and Education.**

AGE	No	%
16	6	10
17	5	8
18	12	20
19	8	13
20	7	11
21	5	8
22	6	10
23	3	5
24	3	5
25	3	5
38	1	2
UNK	2	3
<b>TOTAL</b>	<b>61</b>	<b>100</b>

Education	No	%
4	1	2
5	3	5
6	1	2
7	-	-
8	5	8
9	10	16
10	17	28
+1	-	-
+2	8	13
UNK	15	23
UNIV	1	2
<b>TOTAL</b>	<b>61</b>	<b>100</b>

*Table 5. Survey Sample / Impact Assessment Population by Village.*

VILLAGE	No.	%
Kilmuttukur	7	11
Senji, UNK	6	10
Pasumathur	5	8
Angarankuppam, Chennankuppam, Netteri	4	7
Thondanthulasi, Machanur, KV Kuppam,	3	5
Latteri, DR Kuppam, Melmoil, Shozhamur, Thirumani,	2	3
Melvilachur, Mohammad Puram, Pillandipattu, Annangudi, Panamadangi	1	2
TOTAL	61	100

## RESULTS AND OBSERVATIONS

### *Observations of Adolescent Girls' Workshops*

The observations were recorded throughout the two girls' workshops. The methodologies used were multi-method, and therefore helped the interest of the girls to be maintained throughout both workshops. This also facilitated learning to occur on different levels through various means such as visual aids, songs, and games. In general, the girls appeared to enjoy the variation of methods, and showed a noticeable increase in interest when the method involved their participation (such as the copying of notes from the black-board).

Throughout the workshops each lecturer and organiser possessed a high level of knowledge and understanding of the topic presented, which was reflected in their ability to facilitate the girls' learning successfully. Many different RUHSA staff participated in the workshops and this was beneficial for the girls to be able to experience a wide range of learning styles within the one workshop. It also allowed comparison through observation of participant involvement and responsiveness to identify the most appropriate styles or methods.

Throughout the workshop, it was noted that the confidence level of many girls increased gradually over the time period. In the beginning many appeared reserved and shy when questioned in front of a large group of peers; however, by the conclusion of their workshop, most appeared more confident and willing to discuss their gained knowledge with peers. It is suggested that the level of their learning may have been improved, and concentration span increased if the learning environment was isolated from interruptions and distractions which were not conducive to their learning. At times the peripheral noise levels were excessive due to inappropriately loud discussions at the back of the classroom which appeared to make listening to the lecturer more difficult and concentration more difficult for participants.

The timetable set for each workshop was unable to be followed according to the planned schedule; however, the aims and objectives appeared to have been achieved by the completion of the workshop. During the workshops for these young girls, there were two planned breaks each day for coffee and tea for participants, yet this did not seem adequate as the attention levels of the girls appeared to gradually decrease as each day progressed. Many girls appeared and acted restless, and in need of a small break between each topic of discussion. Overall, the participants involved in both workshops appeared to enjoy their time at RUHSA, and were able to gain much needed information and knowledge from both the lecturers and from the general experience.

The daily sequence of events of the Adolescent Girls’ Programs is located at Appendix E. Members of the first Program (23-25 March) took part in an excursion to Chennai. A report of this excursion is located at Appendix F.

**Impact Assessment Results**

As part of the Impact Assessment, a pre-evaluation test was conducted with each of the 29 participants to assess their retention of information since their last attendance. At the conclusion of the Workshop, a post-evaluation test containing the same questions was attempted individually by 27 of the participants. Table 8A indicates the average pre- and post-evaluation scores and percentages. The average increase and/or decrease in scores is also identified.

**Table 6. Pre-and Post-evaluation Results Workshop II  
(26-28 March)**

	SCORE	%
Pre-evaluation score (avg.)	9 pts	53%
Post-evaluation score (avg.)	14 pts	82%
Increase (avg.)	5 pts	29%

*Appendix B details the comparison between pre- and post-evaluation tests.*

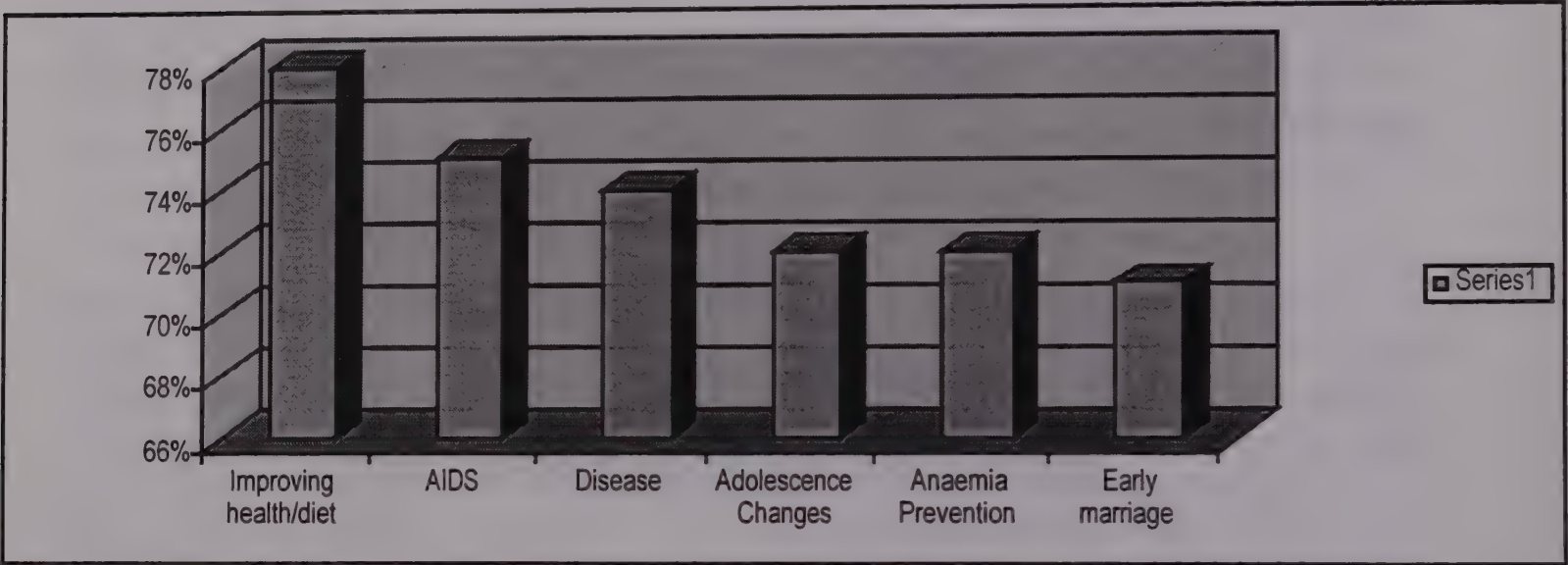
The Impact Assessment Survey contained 33 questions in total. Unmarried participants in the survey were required to answer 23 questions (questions 1-22, and 33); and married participants were required to answer all questions (questions 1-33). The Survey schedule is located at Appendix C.

The overall number of participants in the Study totals 61 (43 unmarried, 18 married). Total participants in the initial survey period was 29 girls (27 unmarried girls, and 2 married girls). The Field Survey Phase resulted in 32 girls being interviewed for the Study (16 unmarried and 16 married girls).

**Question 1** listed subjects taught in previous Workshops. **Question 2** listed issues associated with those subjects. Three ‘valued’ options were provided for each subject and issue to which the interviewee was required to identify the importance of the subject, or frequency which the issue was discussed within their family. The subject with the highest overall score was assessed as the ‘most important’ or ‘most’ discussed. Where applicable and/or appropriate, percentages will be followed by the number of respondents in brackets.

Q 1. The following topics were identified by the participants as most important (percentages calculated from a possible total of 183):

- a. Improving your health and diet .....78%
- b. AIDS .....75%
- c. Disease .....74%
- d. Changes in Adolescence .....72%
- e. Prevention of anaemia.....72%
- f. Consequences of early marriage .....71%



Graph 1: Most important topics

Q 2. The participants identified the following issues as those most frequently discussed within the family:

- a. Education.....92%
- b. Hygiene .....83%
- c. Nutrition and diet .....70%
- d. Womens’ social status.....68%
- e. AIDS .....64%
- f. Income Generation Schemes .....62%

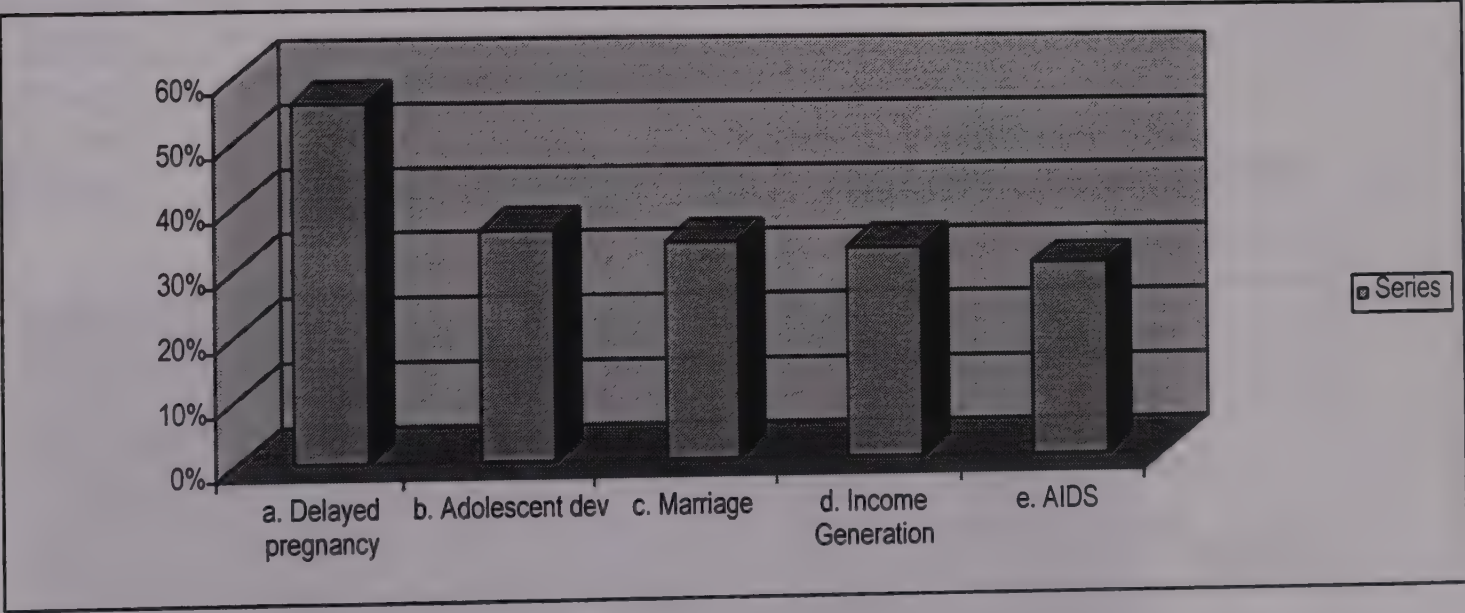


**Graph 2: Most frequently discussed issues in the family**

Participants identified the following issues as ‘never’ discussed within the family:

- a. Delayed pregnancy .....56% (34)
- b. Adolescent development.....36% (22)
- c. Marriage .....34% (21)
- d. Income Generation Schemes.....33% (20)
- e. AIDS .....30% (18)

**Graph 3: Issues never discussed in the family**



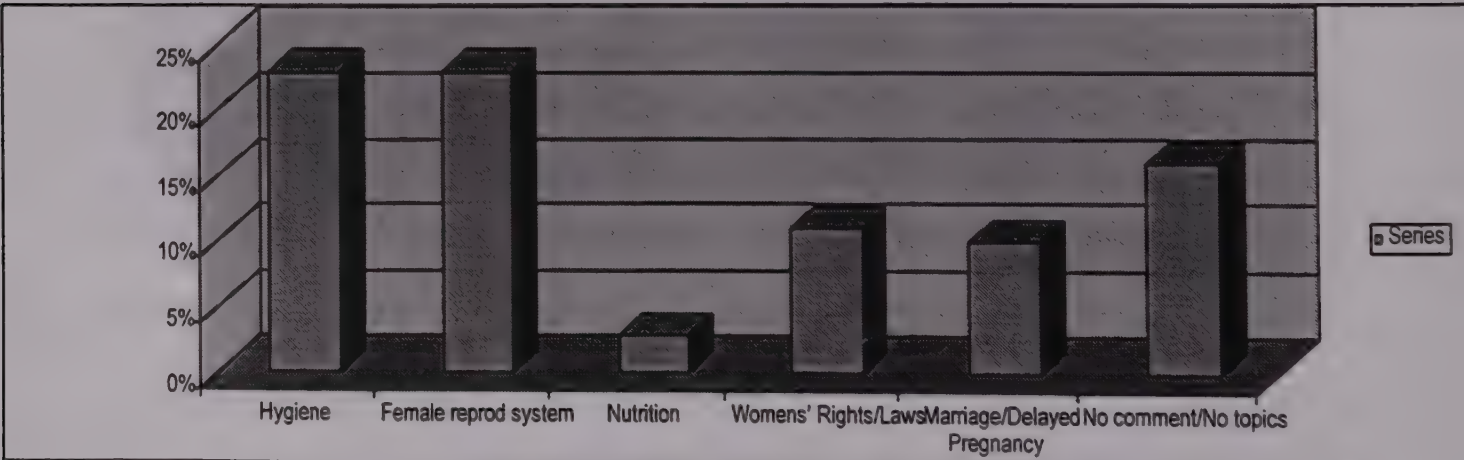
Q 3. The following topics were identified as being of ‘most interest’:

- a. Womens’ rights/laws.....20% (12)
- b. Importance of education.....15% (9)
- c. AIDS and sexuality .....13% (8)
- d. Hygiene .....11% (7)
- e. Marriage and pregnancy .....8% (5)



Graph 4: Topics of most interest

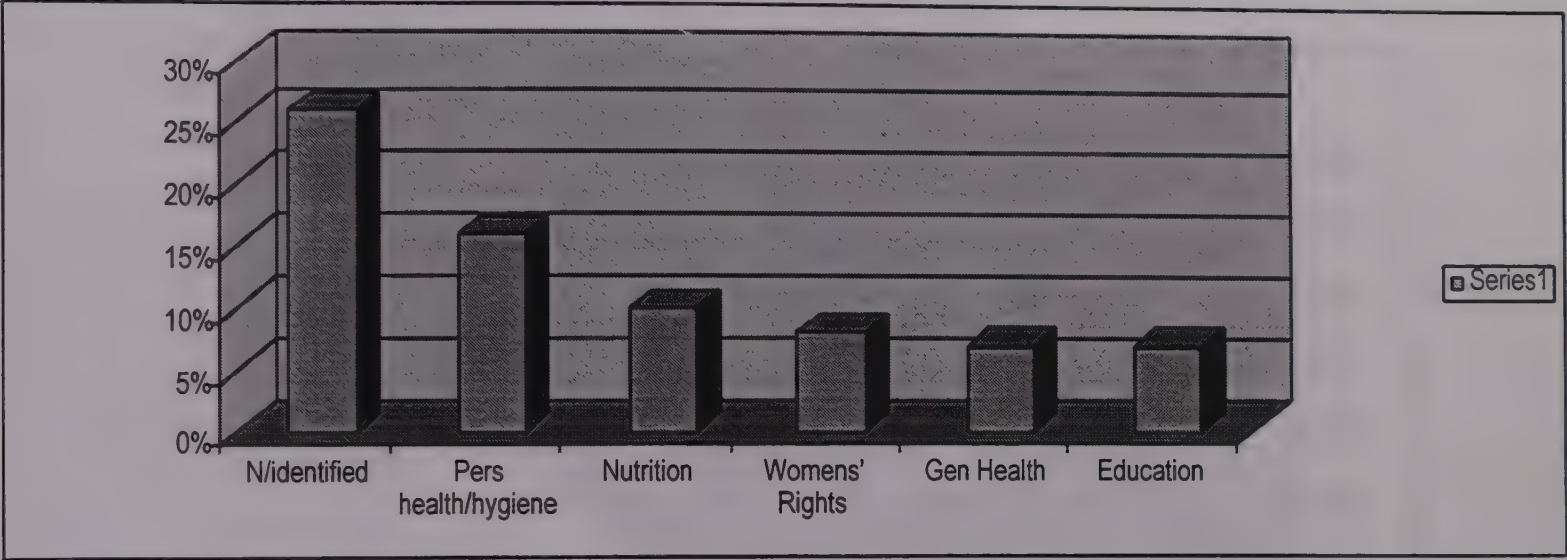
- Q 4.The following topics were identified as ‘most beneficial’ to them:
- a. Hygiene .....23% (14)
  - b. Female reproductive system .....23% (14)
  - c. Nutritionl .....3% (8)
  - d. Womens’ rights/laws .....11% (7)
  - e. Marriage/delayed pregnancy .....10% (6)
  - f. No comment/no topics.....16% (10)



Graph 5: Most beneficial topics

- Q 5.Since attending a Workshop, participants had perceived:
- (a) most ‘improvement’ in the following domains of their lives
    - a. Not identified .....26% (16)
    - b. Personal health/hygiene .....16% (10)
    - c. Nutrition .....10% (6)

d. Womens’ rights .....	8% (5)
e. General health .....	7% (4)
f. Education .....	7% (4)

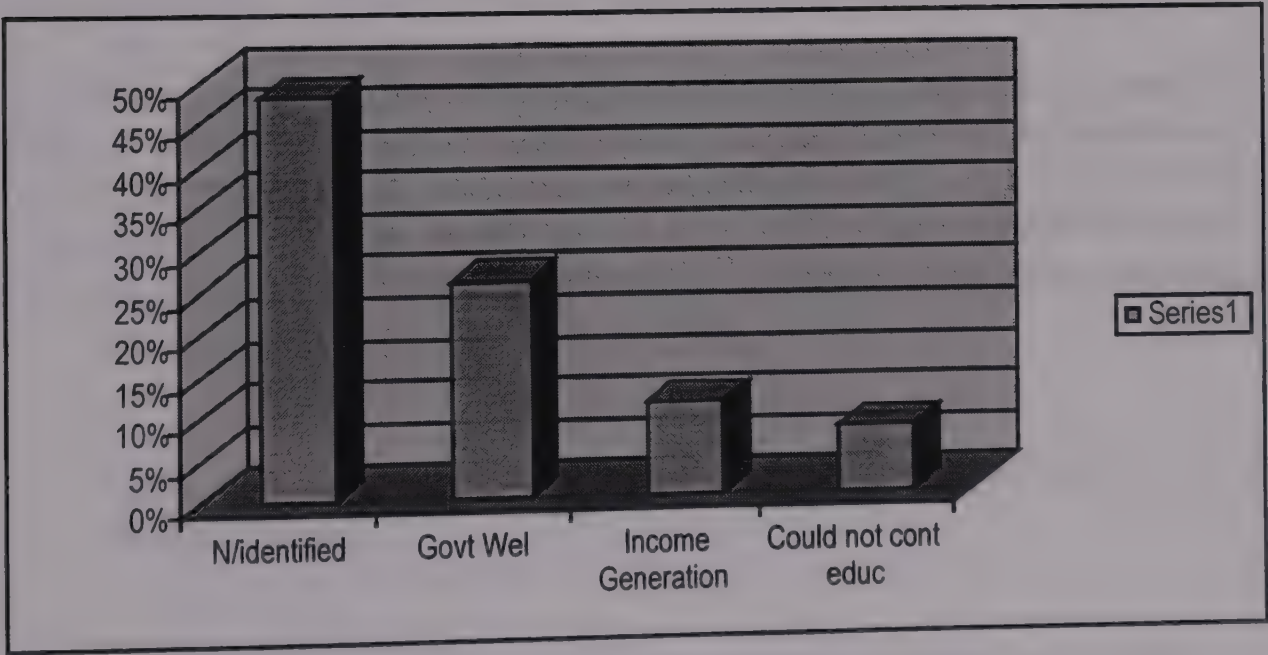


Graph 6: Most improved domains of participants’ lives

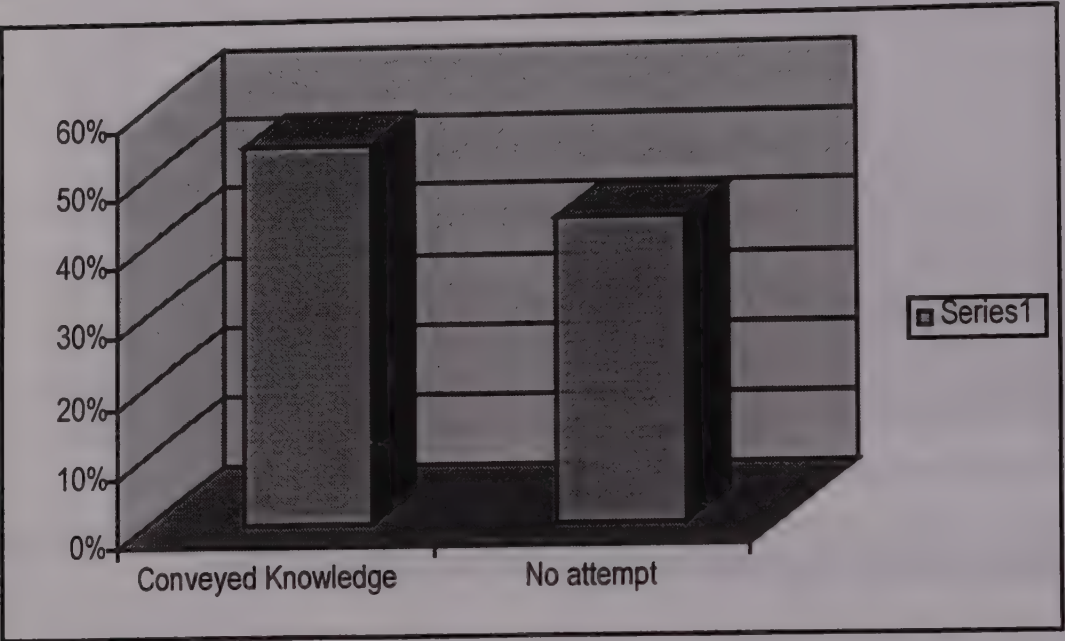
(b) that they could not or were unable to improve the following aspects of their lives:

a. Not identified .....	48% (29)
b. Government Welfare Schemes.....	26% (16)
c. Income Generation Schemes.....	11% (7)
d. Could not continue education .....	8% (5)

Graph 7: Aspects of participants’ lives that could/would not change



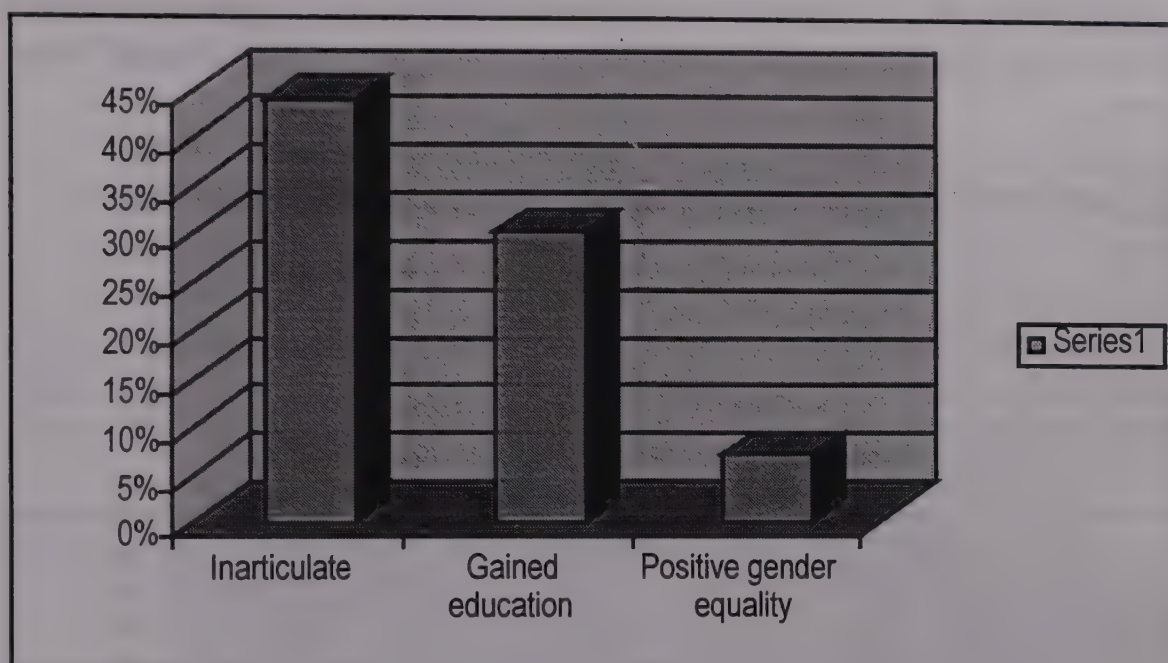
Q 6. 54% (33) of interviewees stated that they had conveyed knowledge gained during a Workshop in an attempt to promote the status of women in their village. 43% (26) had not made an attempt.



Graph 8: Participants’ attempts to convey knowledge gained

Q 7. 87% (53) of participants stated that the knowledge gained during the Workshop had changed their perception of themselves and of ‘women’, in a positive way.

Of these 53 participants; 44% (27) could not articulate specifically how their perceptions had changed, but felt it had changed for the better. 30% (18) identified the education gained from the Workshop as a factor in this perception. 7% (4) identified that the positive change had come with an increased awareness of gender equality, and the freedom of women.



*Graph 9: Participants' articulation of changes made from Workshop*

Q 8. 92% (56) stated that they felt that the continuation of education beyond menarche was ‘important’ or ‘very important’.

Q 9. 87% (53) continued their education beyond menarche.

Q’s 10/11. 89% (54) indicated that it was important or very important to educate adolescent males about womens’ issues.

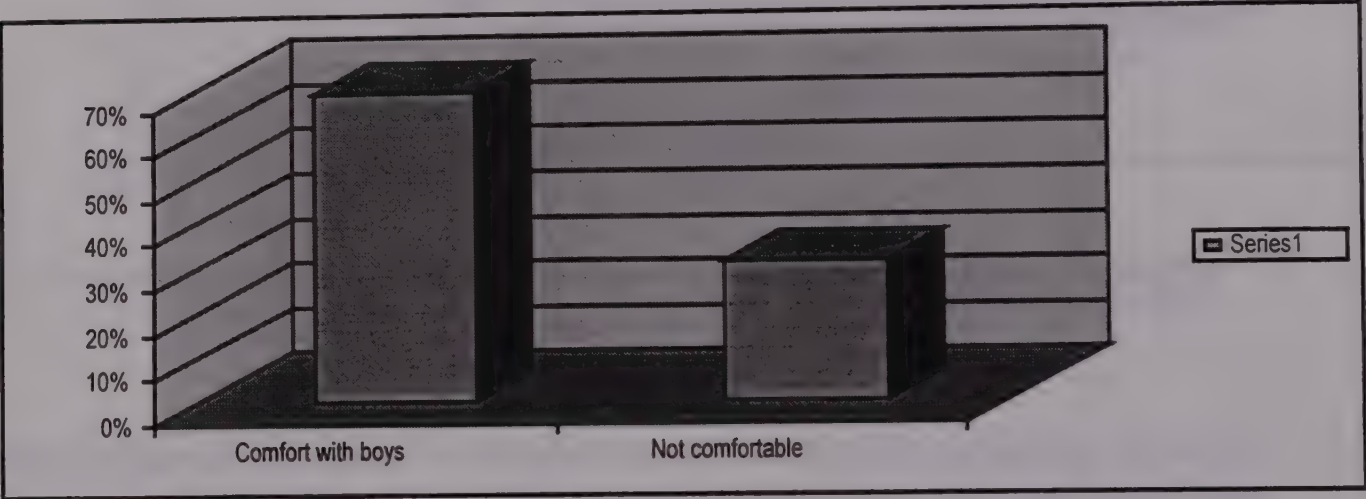
Of the 54 participants, 66% (36) had attempted to educate males / boys about womens’ issues.

Q 12. 66% (40) of respondents had attended school since they had attended the Workshop. Of these 40 participants, 50% (20) perceived an increase in general knowledge, and an increase in literacy skills as a result of attending school.

Q 13. 34% (21) indicated that the Workshop had assisted them in overcoming adolescent problems. 23% (14) of this group identified an increased awareness of the health issues surrounding menstruation, and early marriage as the problems overcome.

66% (40) indicated that they had not experienced any problem since the Workshop.

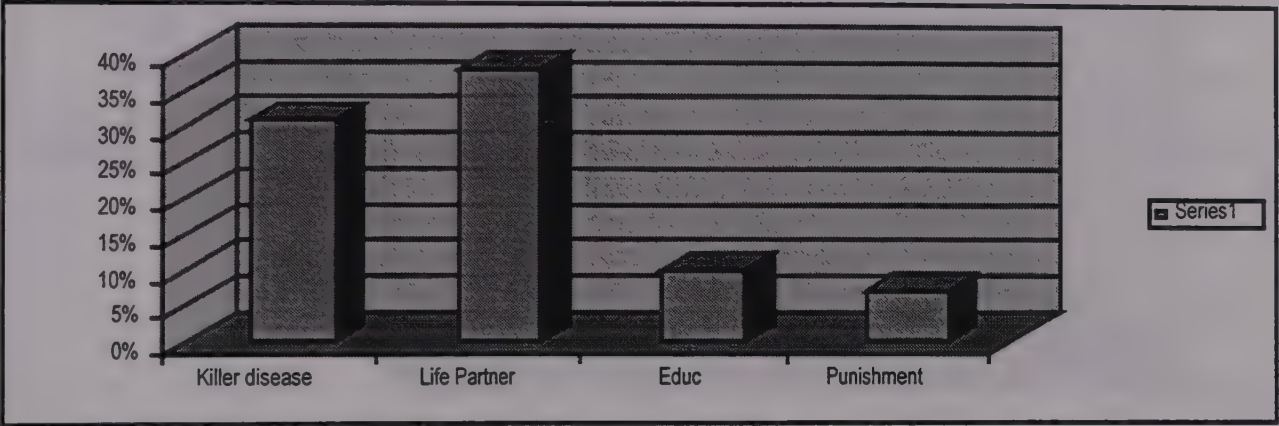
Q 14. 69% (42) indicated that they were comfortable talking to boys, while 31% (19) stated that they were not. Of the group experiencing discomfort, 37% (7) cited fear of repercussions from family members for the discomfort.



Graph 10: Participants’ comfort talking with boys

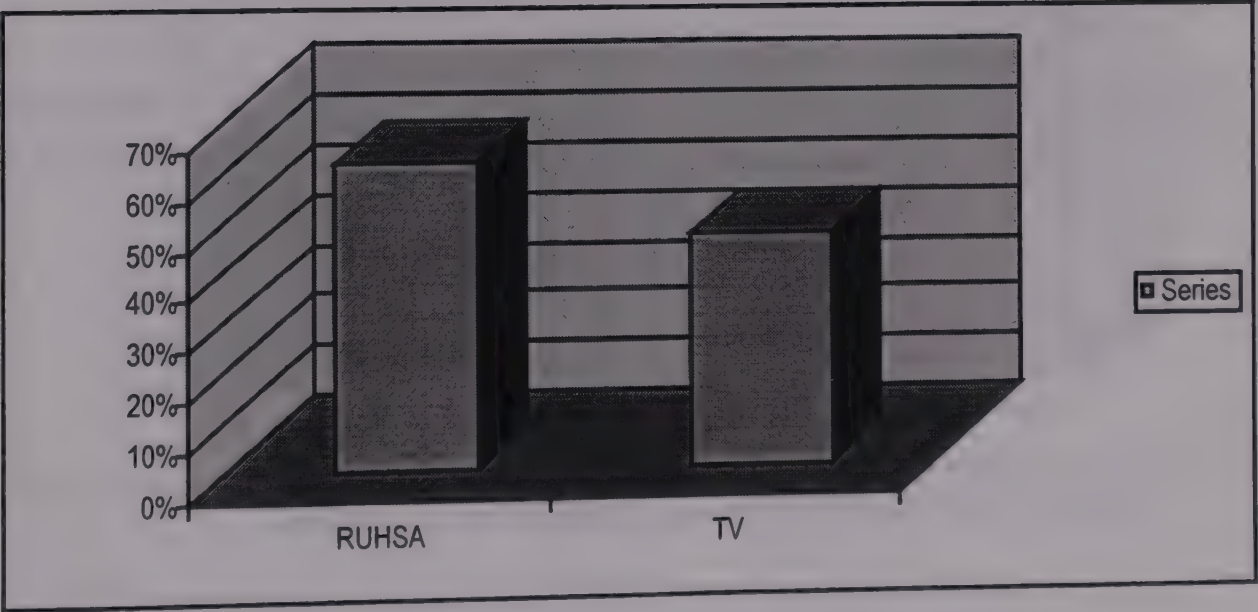
Q 15. When asked about their ‘views on AIDS in India’, 18% (11) could not articulate their answers.

Of the 82% (50) who answered; 31% (19) identified it as a ‘killer disease’, 38% (23) indicated that one life partner would stop the spread of the disease, 10% (6) suggested that an increase in education programs is the key to stemming the increase of AIDS. 7% (4) envisioned AIDS as a punishment metered out for immoral behaviour or ‘bad habits’.



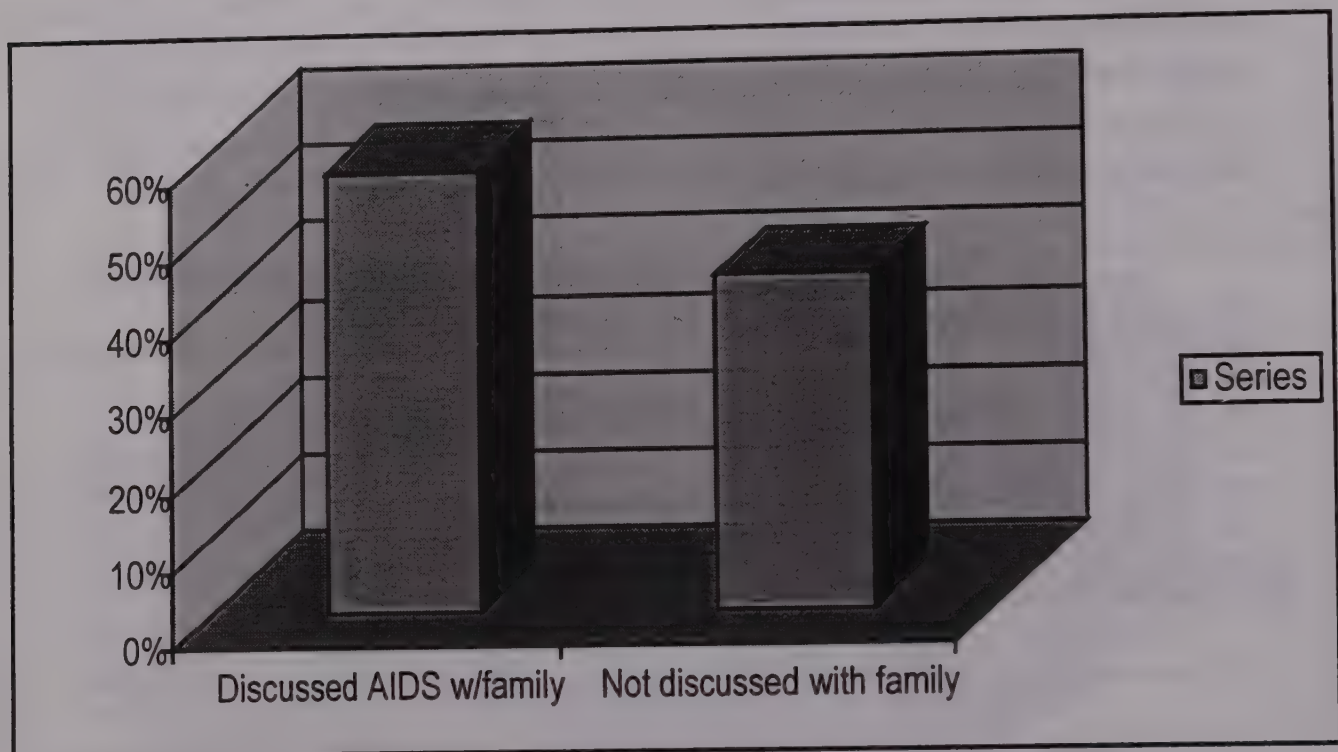
Graph 11: Participants’ articulated views on AIDS in India

Q 16. 61% (37) cited RUHSA as the institution which had increased their awareness about AIDS; 46% (28) also cited television as another method by which their knowledge was increased.



Graph 12: Source of participants’ raised awareness of AIDS

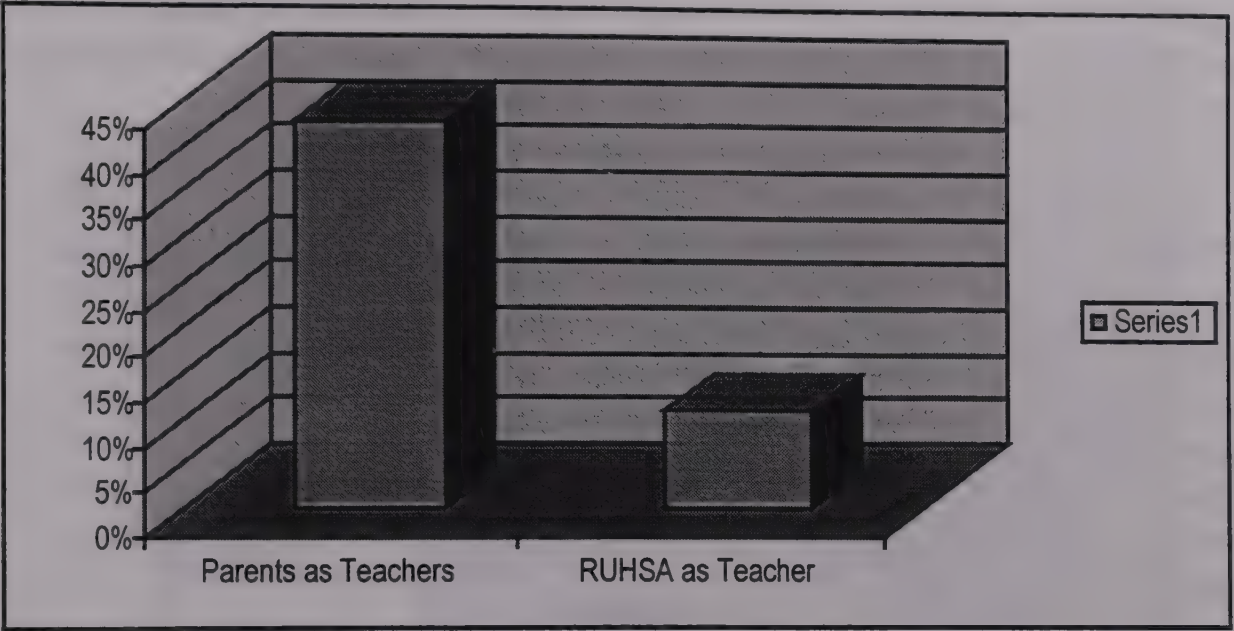
Q 17. 57% (35) indicated they had discussed AIDS with their families; 43% (26) had not discussed the subject with any member of their family.



*Graph 13: Participants' discussion of AIDS with family*

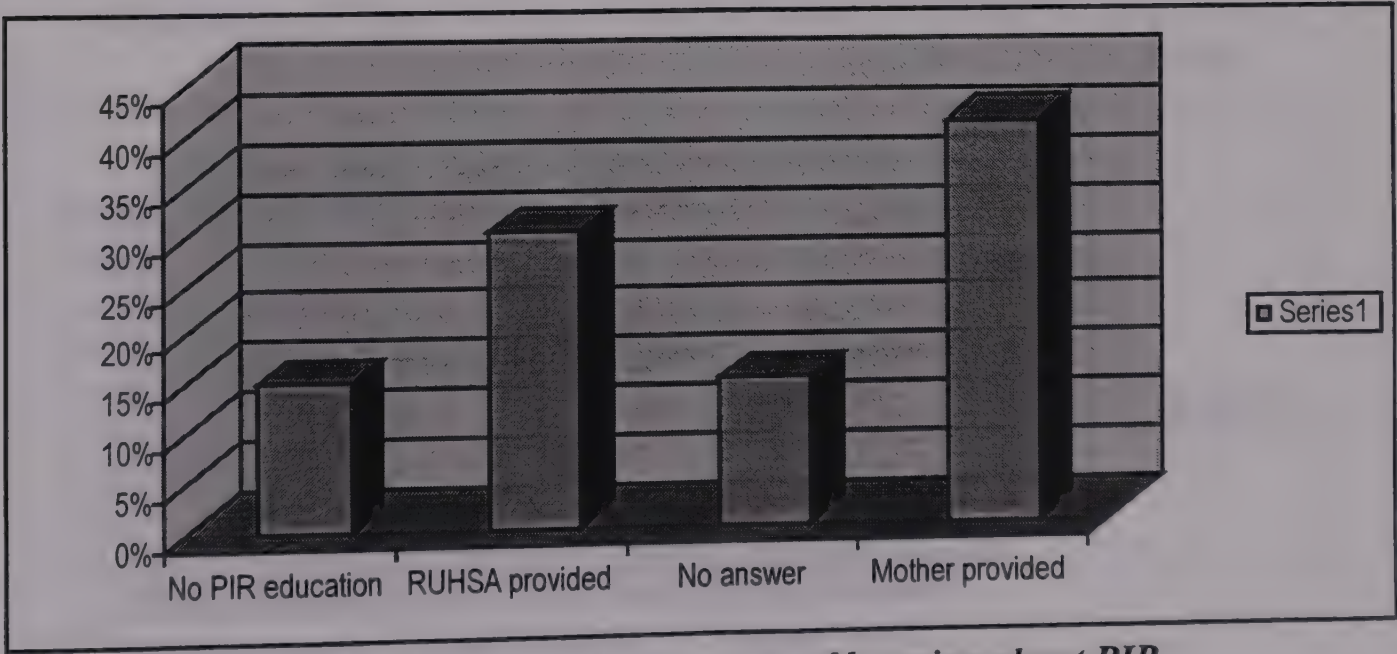
Q 18. 87% (53) of participants indicated that girls should be educated about 'personal intimate relationships' (PIR) with boys before marriage

Of this group, 43% (26) suggested that parents should teach such matters, while 11% (7) cited RUHSA as being the organisation which should educate them.



**Graph 14: Participants’ views on who should teach about Personal Intimate Relationships (PIR)**

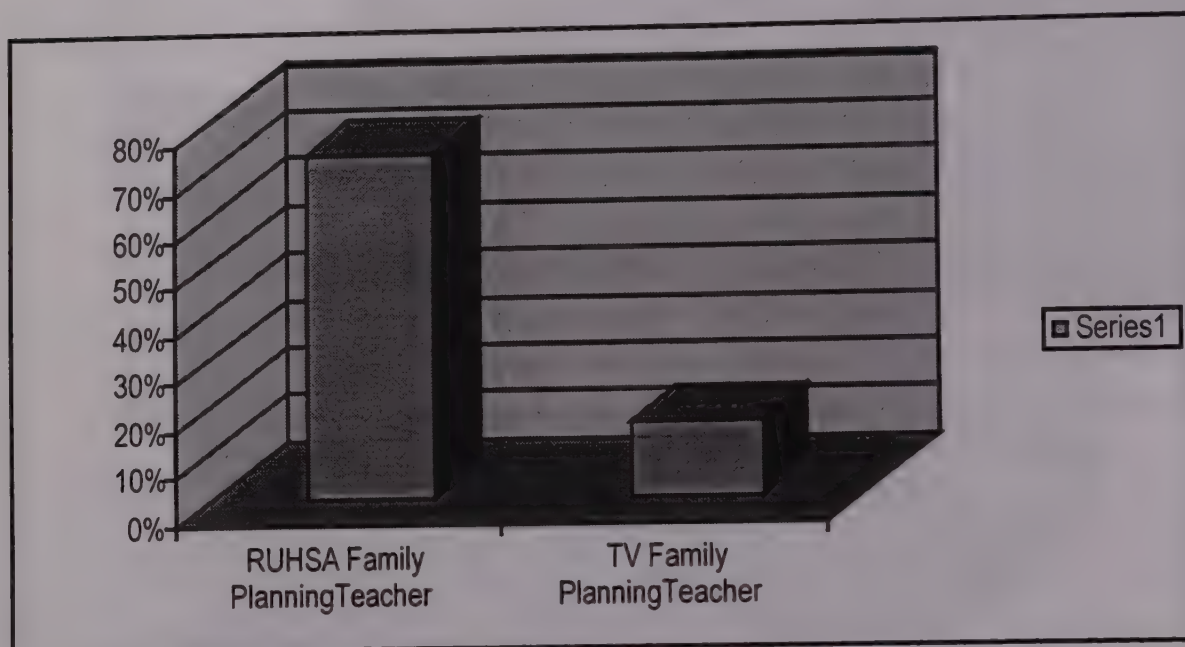
Q 19. 15% (9) had not received any education on PIR. 30% (18) cited RUHSA as facilitating their learning in this area. 15% (9) declined to answer. 41% (25) had received this information/education from a parent (namely, the mother).



**Graph 15: Participants’ sources of learning about PIR**

WH150 1498

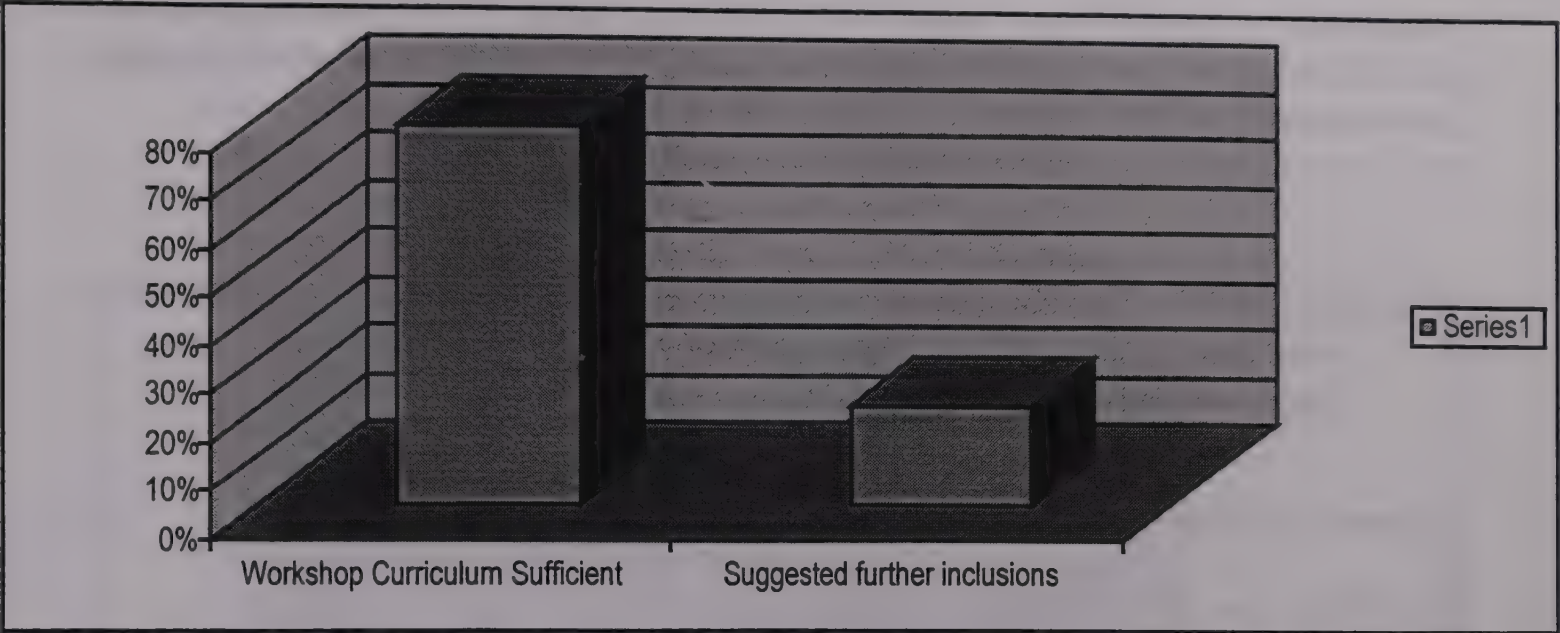
Q's 20/21.84% (51) stated they had knowledge of family planning. Of these 51 participants, 73% (37) cited RUHSA as being the provider of this knowledge, 16% (10) cited television.



**Graph 16: Participants' sources of knowledge about family planning**

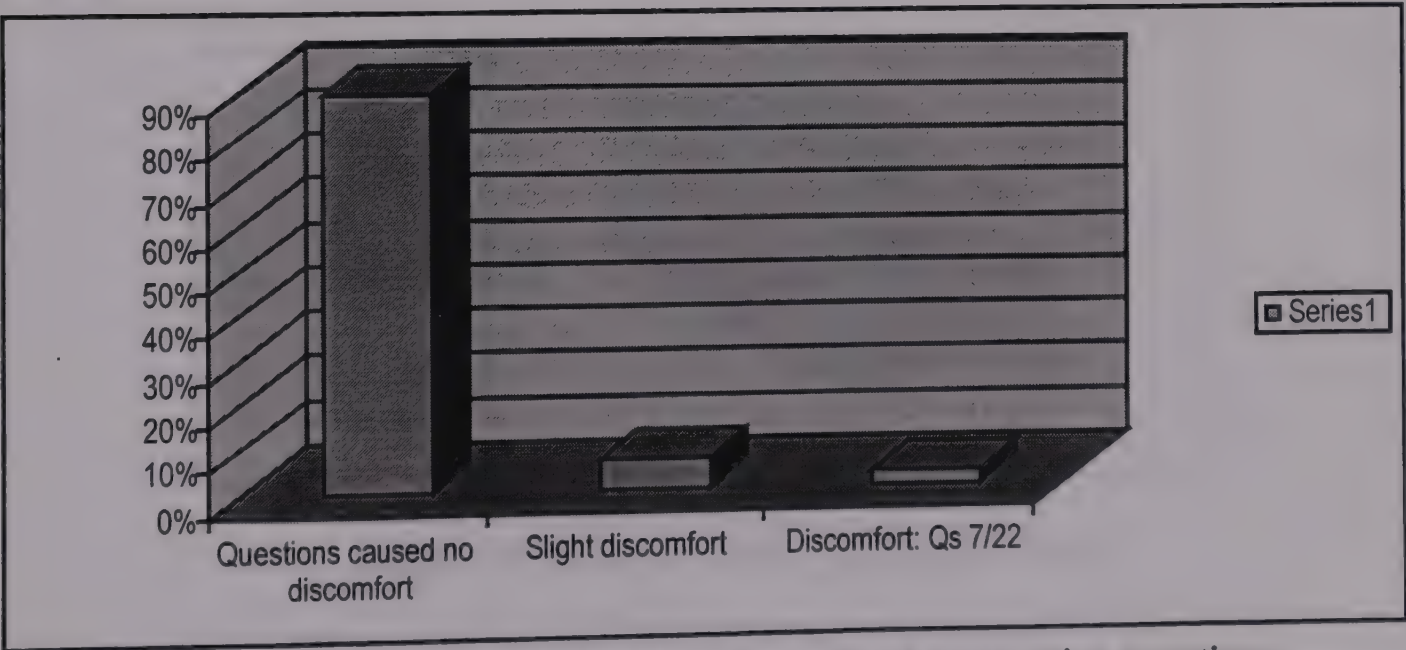
Q 22. 79% (48) indicated that the Adolescent Girls' Workshop curriculum was sufficient. 21% (13) suggested the following items could be proposed for inclusion:

- a. social relationships with boys/sexuality
- b. science/politics
- c. accessing government services
- d. more on income generation schemes
- e. more on womens' education schemes



**Graph 17: Participants’ views of sufficiency of Workshop curriculum**

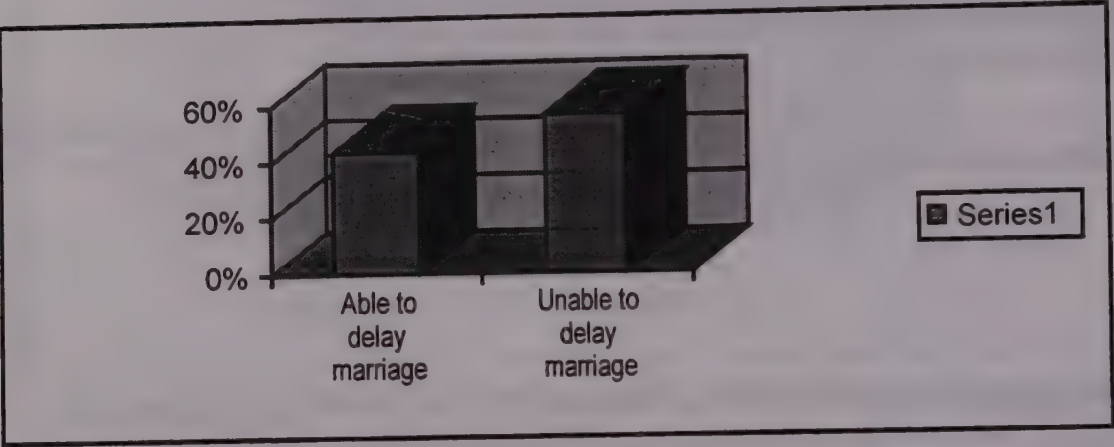
Q 33. 90% (55) of participants stated they felt no discomfort in answering any group of questions during the survey. 7% (4) cited the questions relating to PIR as causing slight embarrassment and discomfort. 3% (2) found discomfort in being unable to articulate answers to Q’s 7 and 22.



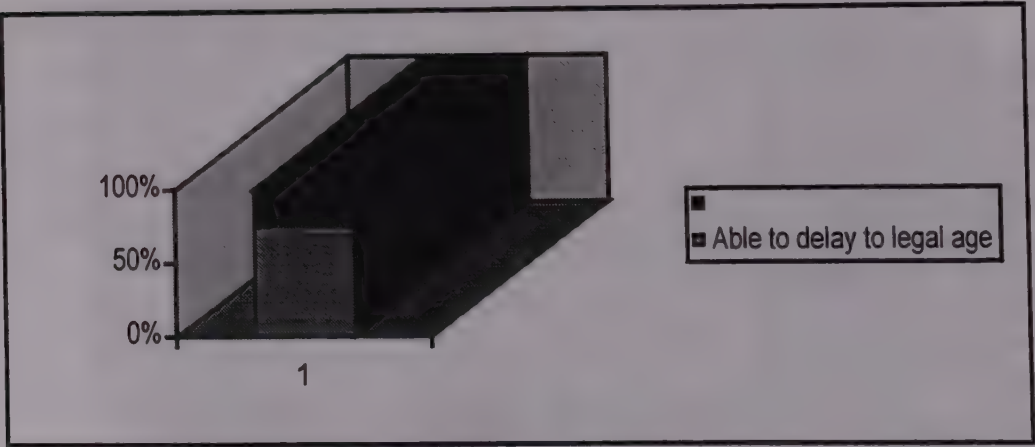
**Graph 18: Participants’ degree of discomfort in answering questions**

Questions 1-22 and 33 were answered by all participants. The following questions (23 - 32) were only to be answered by married girls. The total number of married girls interviewed was 18.

Q's 23/24. 44% (8) stated they were able to 'delay their marriage', of these 75% (6) were able to delay until the legal age of marriage (21 years). 56% (10) were unable to delay their marriage.

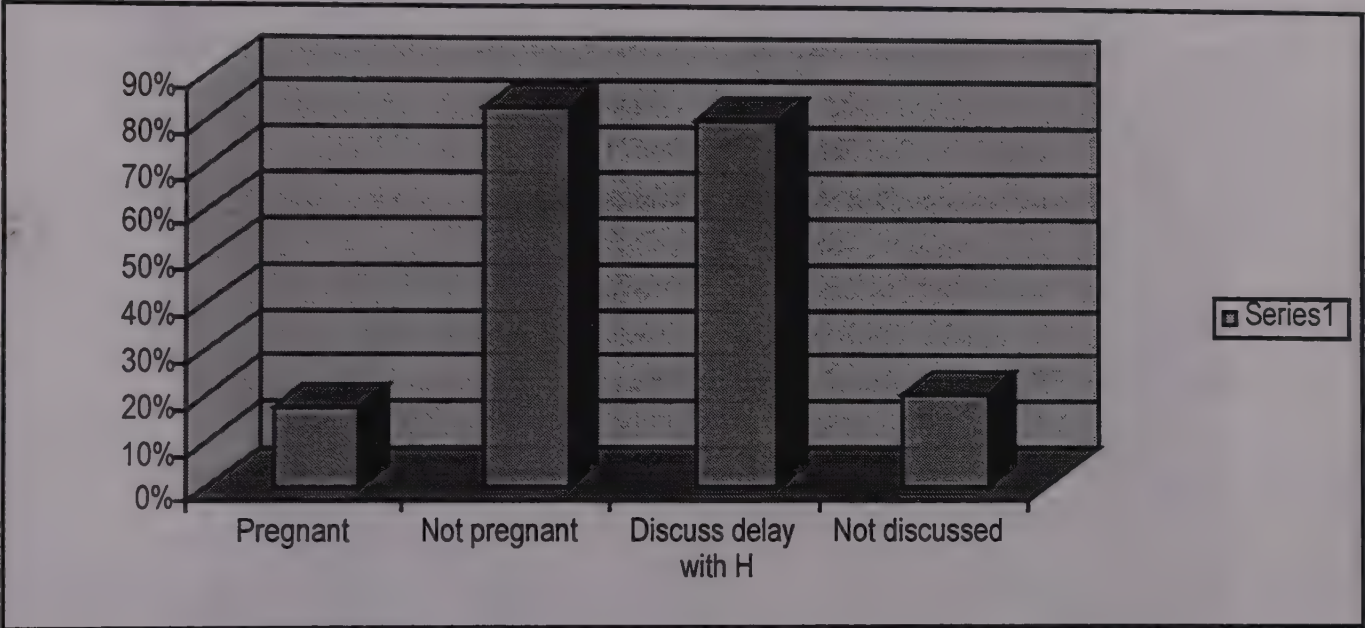


Graph 19: Participants' ability to delay marriage



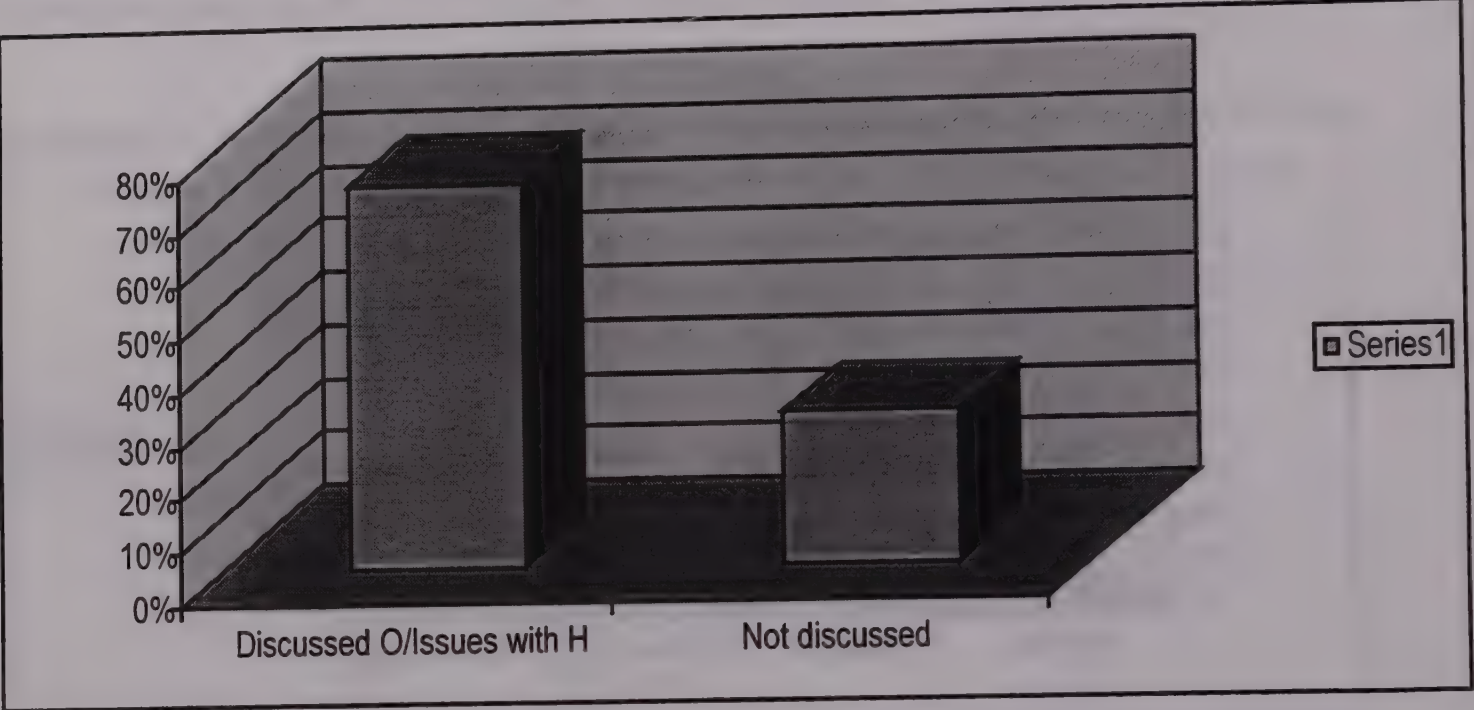
Graph 20: Extent of ability to delay marriage

Q 25. 17% (3) were pregnant at the time of interview. 83% (15) were not pregnant at the time of interview, and of this group 80% (12) had discussed delaying pregnancy with their husband while 20% had not discussed the issue and were attempting to become pregnant.



***Graph 21: Those participants pregnant and not pregnant; those able to discuss delay with husband and not having discussed with husband but attempting to become pregnant***

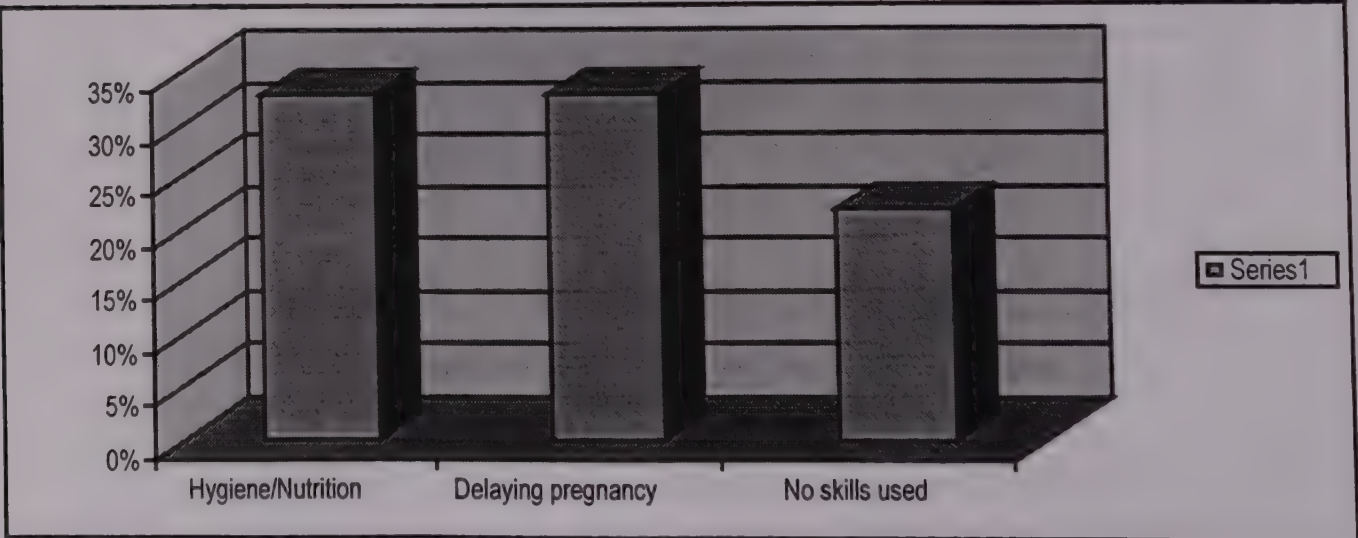
Q 26. 72% (13) discussed other pregnancy issues with their husband. 28% (5) did not discuss pregnancy issues with their husband.



Graph 22: Discussion of other pregnancy issues with husband

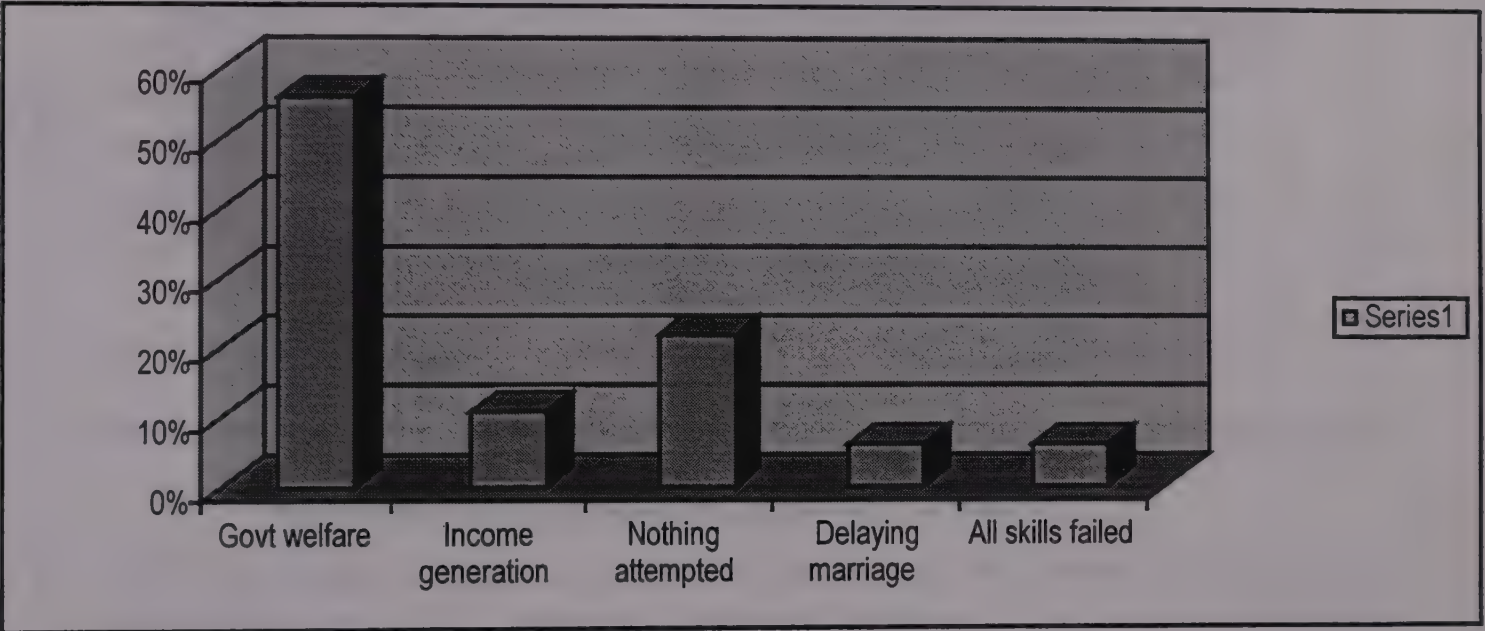
Q 27. The major ‘skills’ learned on the workshop and used in the marriage were:

- (a) Hygiene and nutrition .....33% (6)
- (b) Delaying pregnancy.....33% (6)
- (c) No skills used .....22% (4)



Graph 23: Major skills learned in workshop and used in marriage

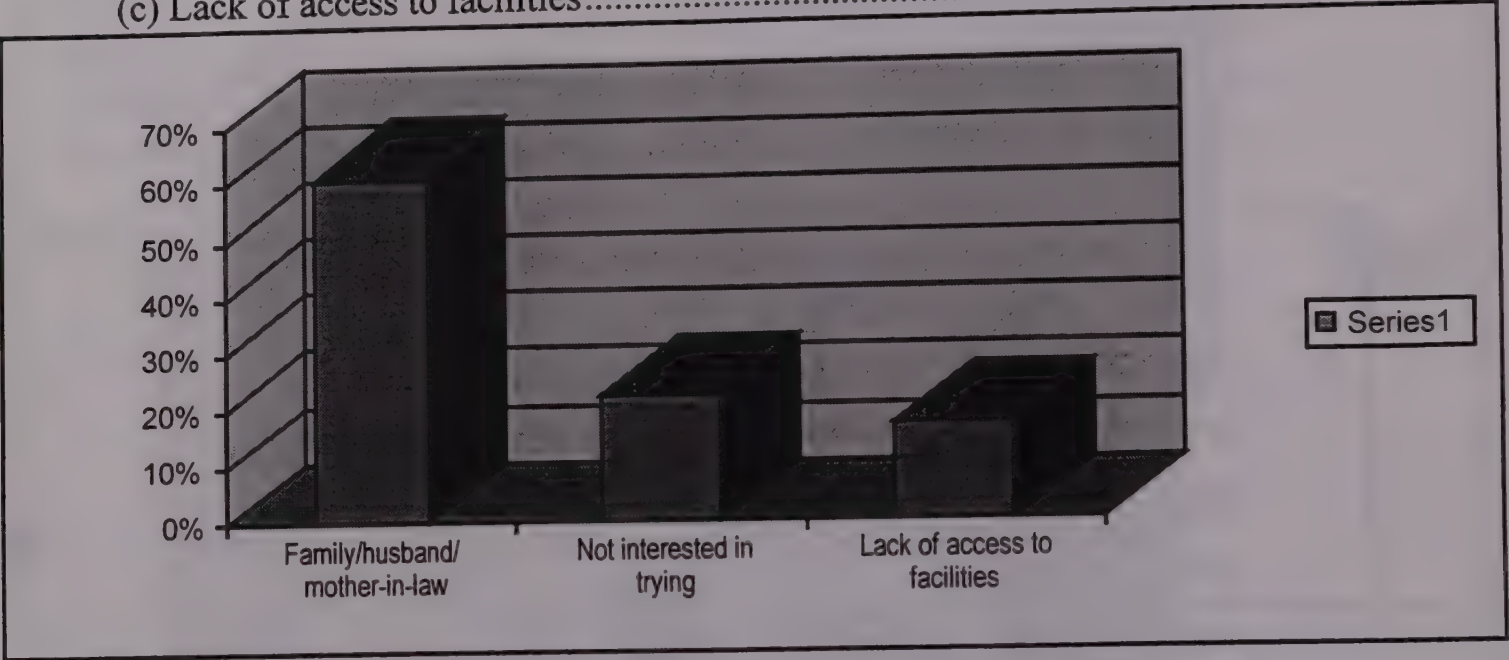
- Q 28. Skills attempted to be used, but failing were:
- (a) Government Welfare Schemes .....56% (10)
  - (b) Income Generation Schemes .....11% (2)
  - (c) Nothing attempted .....22% (4)
  - (d) Delaying marriage .....6% (1)
  - (e) All skills failed ..... 6% (1)



**Graph 24: Skills attempted to be used, but failed**

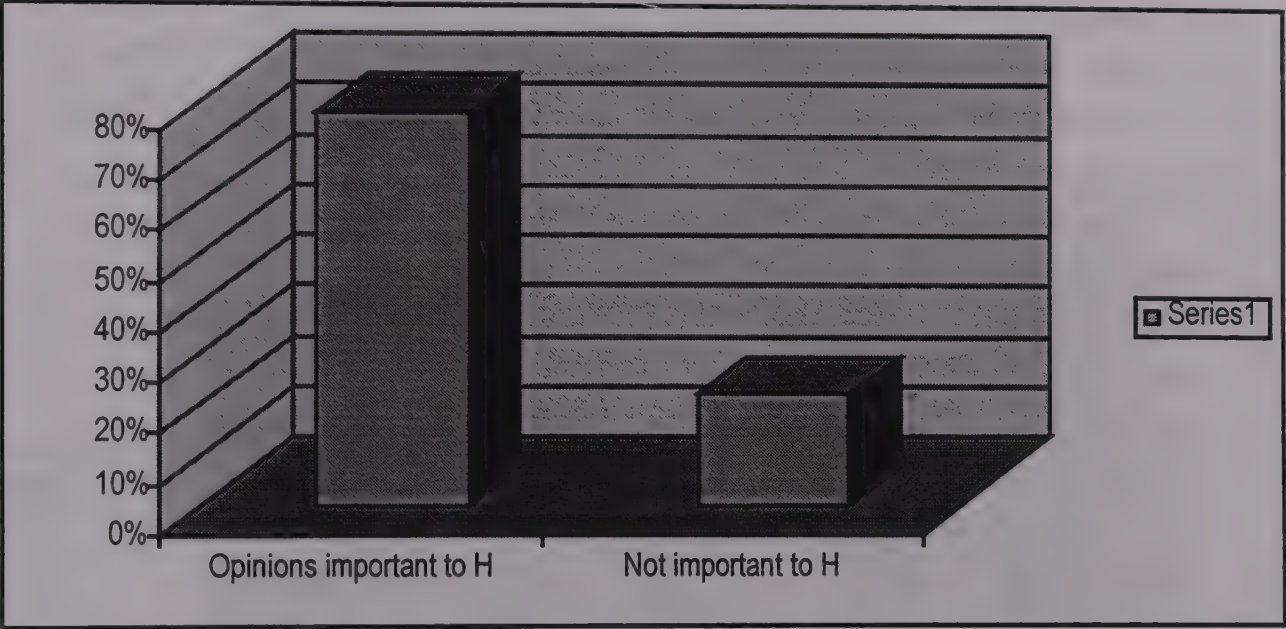
Q 29. The reasons for the failure in skill utilisation described in Qu 28 were:

- (a) Family/husband/mother-in-law .....61% (11)
- (b) Not interested in trying.....22% (4)
- (c) Lack of access to facilities.....17% (3)



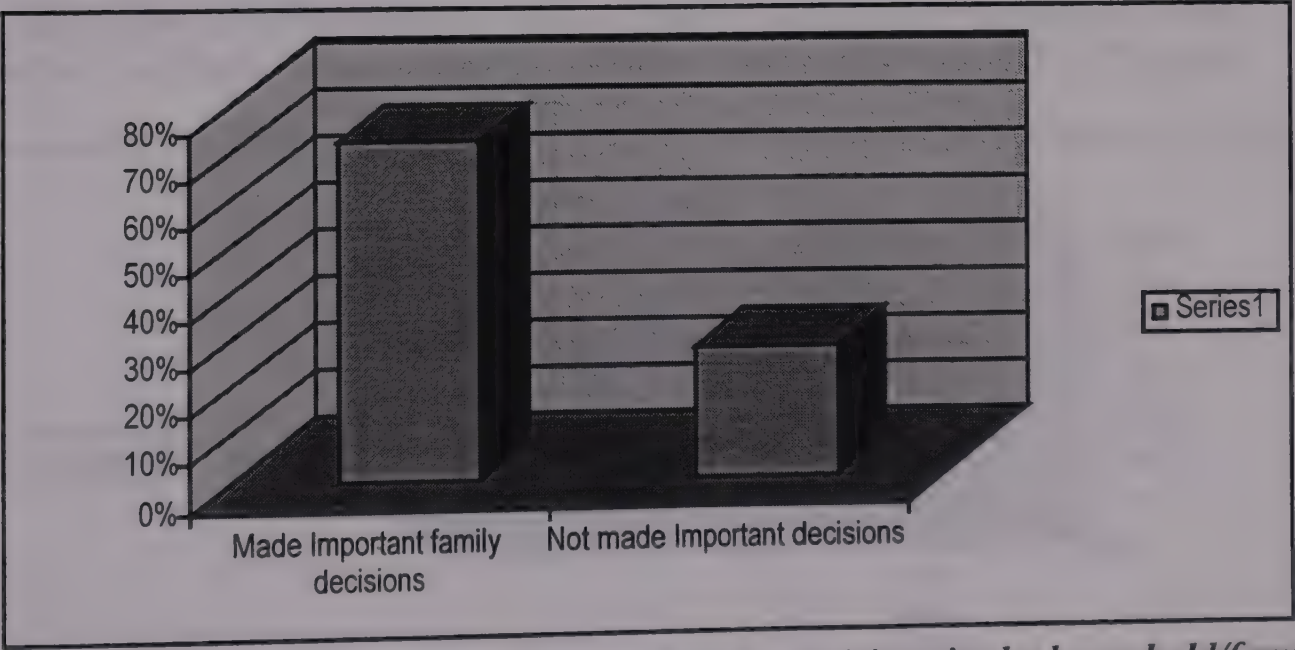
Graph 25: Reasons for failure of skill utilisation

Q 30. 78% (14) stated their opinions were either ‘important’ or ‘very important’ to their husbands. 22% (4) regarded their opinions to their husbands as ‘not important’.



**Graph 26: Participants’ views on importance of their opinions to their husbands**

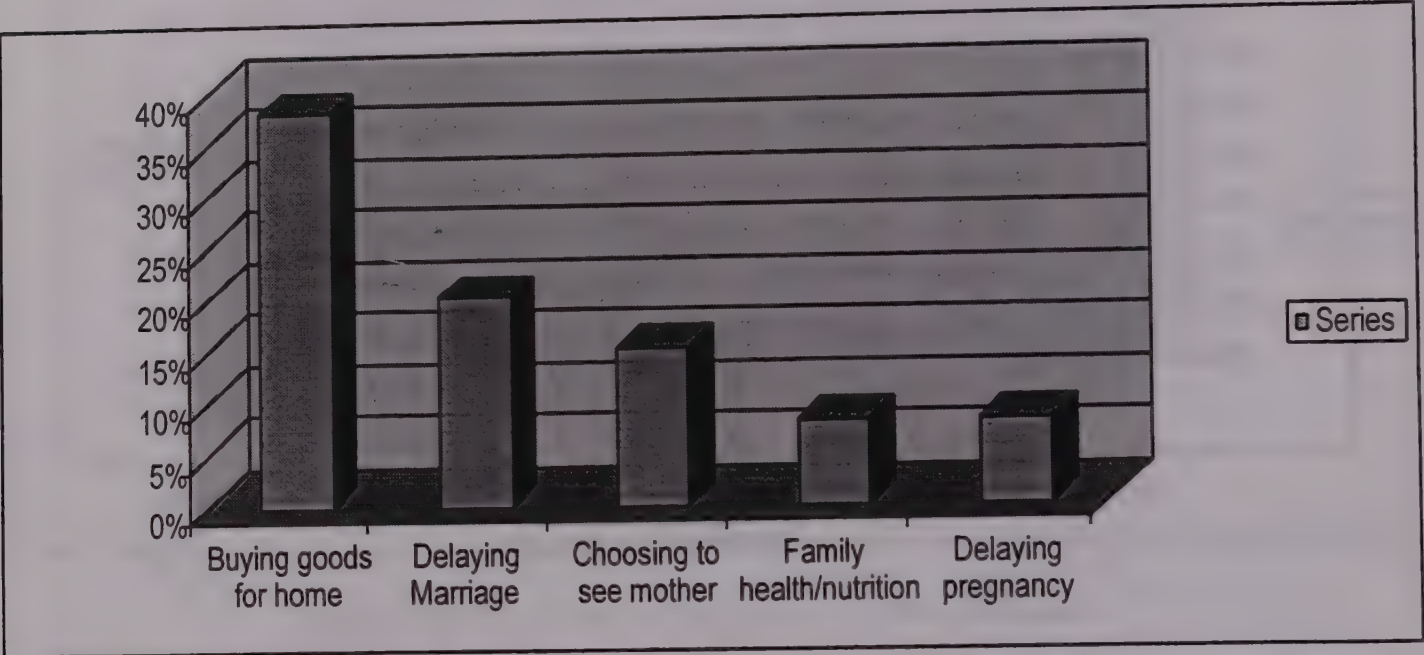
Q 31. 72% (13) felt that they made ‘important’ decisions in the household/family. 28% (5) felt that they had not made any important decisions in the household/family.



**Graph 27: Participants’ views on making decisions in the household/family**

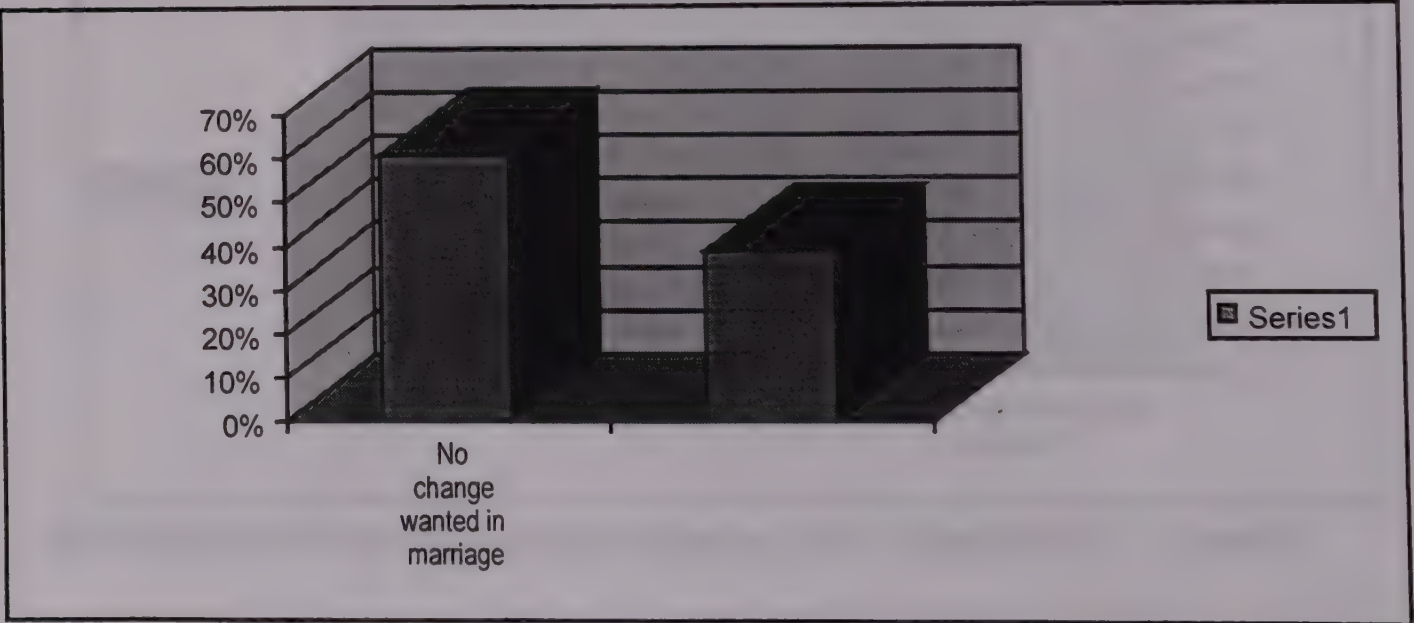
Of the group who felt that they had made important decisions in the household/family, the decisions of importance were identified as:

(a) Buying goods for the home .....	38% (5)
(b) Delaying Marriage.....	20% (3)
(c) Choosing to see their mother .....	15% (2)
(d) Family health and nutrition .....	8% (1)
(e) Delaying pregnancy .....	8% (1)

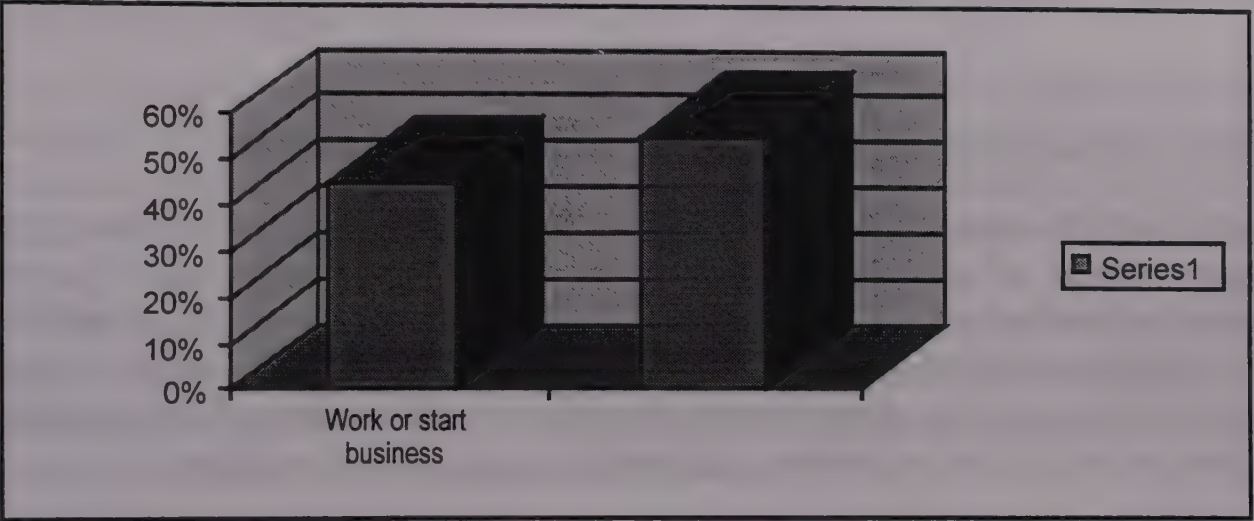


Graph 28: Important decisions made in household by participants

Q 32. 61% (11) stated they would not change anything about the state of their marriage. 39% (7) stated they would like to improve their standard of living, and of this group 45% (3) indicated that they would like to work or start a business venture.



Graph 29: Participants who would not change anything about the state of their marriage



*Graph 30: Participants’ desired changes*

## DISCUSSION AND FINDINGS

### *Discussion of Workshops' Pre- and Post-evaluation Results*

The pre-and post evaluation methodology implemented in the workshops covered a range of womens' issues which were emphasised throughout the workshops. The results indicate the information retention and recollection of participants, and the understanding the girls gained from attending the workshop. From studying the results, areas of learning can be identified as requiring development. Appendix C and Appendix D provide detailed comparisons of each of the evaluations conducted in each of the workshops.

Adolescence is an important part of anyone's life, especially for a girl in a developing country such as India. During the pre- and post-evaluation of the first workshop, this topic of 'adolescence and puberty' was tested with results indicating that there was a lack of understanding in issues relating to adolescence among the girls prior to attending the workshop. In comparing the evaluation results it is clear that the depth of understanding in this area had increased, showing that the methodologies and lecturers were successful in teaching the participants this primary information which was so vital for the understanding of further topics.

During both workshops the area of health among adolescent girls was highlighted as being very important. It was accepted that most of the girls attending the workshop would one day become wives and mothers and would need to obtain skills to assist them in fulfilling their role within the family. With the opportunity to learn about improving their own health, not only do the girls attending the workshop improve their standards of living and awareness, but are able to help people living within their community share in their knowledge.

Throughout the workshops, general areas of health were covered as well as specific topics such as the importance of good health during pregnancy, and the health of young children. The results of both workshops evaluation processes indicated that participants had gained high levels of knowledge on pre and post natal care and were able to recollect this information with ease. Previous to this, the extent to which they understood specific areas of pre and post natal care was, in comparison, minimal. In general, both workshops also resulted in a dramatic increase of knowledge in the area of infant care. The improved results suggest that both the methodologies and information used to teach the girls were successful.

Due to the fact that knowledge and understanding was increased in the areas represented in the results of the pre and post evaluation, it is suggested that future workshops utilise this methodology and syllabus as a reference for future planning and development.

Results represented in percentage form showing the difference in scores for pre and post evaluation can be interpreted in different ways. By simply focusing on the percentages, the reader would not be able to obtain a full picture of the overall results that occurred from the workshops.

Even though the topics covered in the pre- and post-evaluation were the same, the actual wording of the questions differed for some in the first workshop's evaluation questions. This made comparison of pre- and post-evaluation scores of these questions less reliable, and made a true representation of quantifiable improvement problematic. The two topics which had different questions for pre- and post-evaluation were 'pregnancy', and 'diahorrea management'. Results given as scores and percentages showed that there was a decline in knowledge recollected for the first workshop in the area of pregnancy as well as diahorrea. However, from viewing the pre-evaluation of the girls, it can be seen that those two topics were answered almost perfectly.

The post-evaluation question on the topic of 'pregnancy' (simply worded differently) was answered correctly by all but two groups. With the question concerning 'diahorrea management', the post-evaluation once again was answered correctly by all but two groups, and the other two groups both obtained partial scores. This suggests that overall the results indicate a 'statistical' decline in knowledge in the areas of 'pregnancy' and 'diahorrea management'; however, because the questions were different after the workshop took place, it can not be clearly determined if a decline or gain in knowledge occurred, or simply the re-wording of the questions caused confusion.

In the second workshop, where all the pre- and post-evaluation questions were the same, the results represented an increase in recollected information and knowledge in the area of 'diahorrea'. This is more likely to be a more reliable representation of the effect of the learning process that occurred as a result of the workshops.

The topic of antenatal care showed a dramatic increase in knowledge retention; the majority of girls answered this question correctly. This may be because child health and check-ups during pregnancy were of importance to the girls as they were aware that they all would be going through at least one pregnancy in their lives.

The least known topic was six killer diseases. No girls were able to name the six diseases that were preventable by immunisation. This may be due to the fact that after attending the first program the girls attending their second workshop had no contact with this issue. The knowledge may have been retained, however, with no further education or awareness on this issue they may have lost all retained information on this topic. This suggests that constant education is necessary to further one's development.

The topic of AIDS was included in the pre and post-evaluation as this is an issue of great importance in India today. The results showed that most of the girls knew about Aids and how it spreads, and this high level of knowledge is also indicated by post-evaluation results. However, it was found that only half could recall what prevented AIDS and this remained the same in the post evaluation. This suggests that awareness of this disease is quite common however an increase in education on the prevention strategies of this disease is needed.

In addition, a large number of girls were able to respond correctly to the pre-evaluation questions of the legal age of marriage. This further increased to nearly all the girls responding correctly during the post-evaluation. Marriage is the most sought after goal in the Indian society. Therefore, this may be why it was one of the best answered questions. Similarly, an emphasis on the negative consequences of early marriage influenced the results in a positive way.

Government Welfare Schemes and savings were topics that were also discussed during the workshop as well as the pre and post evaluation quiz. Government Welfare Schemes was a topic found to be lacking in awareness of what is available. It was found that in the post evaluation the results had not improved. The reasons may be that the girls may feel they do not have the support or freedom to be involved in these welfare schemes. An increase in the awareness and availability of these programs is necessary for further development and support of women in this country, as is additional information of how to access them.

The topic of savings was found to have a higher knowledge retention. This may be due to the acknowledgement of the importance of financial security for the future of these women and their families.

Although the pre and post evaluation results of the first workshop was conducted in groups compared with individually completed evaluations in the second workshop, discussion is still valid as the group result indicates an average of what may have been answered had both been individually completed. There was a dramatic improvement on the killer diseases which showed a general positive curve for all the participants.

The pre-evaluation AIDS question cannot be reliably compared with the post question because the pre-evaluation question asks about the spread of AIDS while the post question refers to its prevention. As it was found in the second program the two questions on this topic - the spread and prevention - gave two drastically different results. The results indicate that knowledge of AIDS was reduced by 15% however this cannot be supported as there were two different questions asked.

Many groups of the first workshop were unable to answer the question on the legal age of marriage correctly. It is suggested that this could be due to the culturally-bound enforcement of marriage as soon possible with no regard to the legal age; however, each group received 100% in the post evaluation, making this one of the few questions correctly answered by all eight groups. This may suggest that the girls found this law to be of utmost importance.

Only three groups were able to answer the question pertaining to Government Welfare Schemes in the pre-evaluation quiz. This highlights the need for an increase in awareness raising of what is available, for who, where, and how to access them. There was a large statistical increase reflected in this topic suggesting that this may be a topic of great interest.

Overall, although it is not suggested that all adolescent girls attend a second workshop, the post-evaluation scores of the second workshop indicate that the reiteration and

reinforcing of the major teaching points covered in the workshop curriculum is beneficial to the knowledge-base of each of the participants. From this it can be concluded that a continuous program (not necessarily as a 'workshop' per se) be considered in maintaining the knowledge level of the adolescent group. Maintaining the knowledge at a high level, the post-evaluation level for example, would assist individuals in utilising and synthesising the information into usable day-to-day activities and situations.

Discussion also suggests that the pre- and post-evaluation methodology used in this Impact Assessment can best and most competently reflect the levels of knowledge and information retention in individual participants. Thus, by comparison to other observed methods of pre- and post-evaluation, it is concluded that the method used in the second workshop is the most appropriate for researching, assessing, and making judgements on the competency of both the workshop's methodology and individuals' proficiency.

### ***Impact Assessment***

In general terms, the subjects and issues which were of most benefit or use to the participants were hygiene and nutrition. These two subjects were also two of the most frequently discussed subjects/issues within the family. Participants suggested that these subjects were of most importance because the information identified useful and beneficial habits for use in their lives, and therefore had the largest impact on them.

The subject which held most interest for participants was Womens' Rights and Laws. This interest was determined by the fact that participants did not have this knowledge prior to the workshop and were increasing their knowledge, awareness, and consciousness by learning it.

The Importance of Continuing Education was the most discussed issue in the family, however it was among the issues that participants were least able to identify an improvement in. Thus, information contained within this subject had a large impact on the participants but, other than discussing it within the family, the act of continuing their education was not facilitated. Other areas in which improvement was not identifiable by participants were Government Welfare Schemes and Income Generation Schemes.

Participants generally appear to have actively promoted the knowledge and concepts learned during the workshops to members of their families and villages. This suggests that the impact of the workshop is wider reaching than only the participants involved in the workshop.

Although many participants could not articulate how their perceptions of themselves and of women had changed, the majority alluded to a general positive change in attitude. Many alluded to the information and knowledge gained during the workshop as affecting this change. The knowledge gained on the workshop is suggested as increasing the participants to take control of their lives and influence others in a limited way. It could further be suggested that that the information, knowledge, and experience presented to

them during the workshop is increasing their abilities to make informed decisions, and is therefore having an impact on them in a positive way.

Most stated that they believed 'continuing education beyond menarche' was 'important' or 'very important', and all of this group stated that they had continued their education, however the majority of girls stating this only completed the year of school in which menarche was experienced. The number of girls continuing their education after completion of the year in which menarch was experienced is minimal.

A high proportion of participants suggested that the school education they received increased their general knowledge and literacy skills. A number suggested that RUHSA gave increased detail on certain areas, while school gave a 'general overview'. This indicates that the impact of the RUHSA workshop differs from that of a school education; however both would appear to compliment each other.

Most participants indicated that they had not experienced problems associated with adolescence since the workshop. Although it cannot be concluded that the workshop enabled all 'problems' to be solved it could be suggested that the workshop assisted in reframing their perceptions of what constituted 'a problem'. Thus, the occurrence or situation was perceived as an issue to be dealt with, rather than a problem to be overcome.

A minority of participants identified the problems associated with the onset of menstruation and the consequent hygiene issues as a 'problem' they had overcome with the assistance of the workshop.

Therefore, the impact of the workshop on the day-to-day lives, activities, and perceptions of the participants specifically in the sphere of personal hygiene can be emphasised.

Although almost three-quarters of respondents indicated that they were comfortable talking to boys, it is suggested that boys in this case refers exclusively to either brothers, or males within the extended family. Of the group who felt discomfort, the main reason for the discomfort was a fear of repercussion by family members due to cultural and/or social norms and beliefs.

The majority of participants cited RUHSA as the organisation which had provided their education about AIDS. It was also found that this education had been supplemented by television. It was also identified that no participants had been taught about AIDS in their families, however more than half had discussed the subject with family members.

It could be suggested that the impact of RUHSA's workshop, and similarly its general AIDS awareness campaign, is high in this area. The impact is not only identifiable in participants, but also by the fact that the subject is discussed and information disseminated to families through the workshop participants.

Participants suggested that being educated about personal intimate relationships before marriage would be beneficial to them. They identified that parents (mother in particular) should teach such matters while only a minimal number suggested that RUHSA should teach it. Given this however, almost a third of participants had been educated in this area

by RUHSA; thus, even though parents are the most desired teachers of this subject, RUHSA is still impacting in this area.

The impact of RUHSA's workshop is more prevalent in the sphere of family planning. The majority of the participants named RUHSA as the institution educating them in this subject.

Although some participants were able to delay their marriage, only a small proportion were able to do so past the legal age of marriage. Most were unable to delay their marriage. This fact may suggest that although the legal requirements are specific in their restrictions, the cultural and social structures still prevail in the sphere of marriage.

The majority of married women were not pregnant at the time of the survey, and most of this group had discussed delaying pregnancy with their husbands; however, it was not clear whether the women were not pregnant as a direct result of these discussions. At this point it is unclear whether participants have been impacted by the workshop's teachings in this area.

Similarly, a number of participants had had a first child, but were not currently pregnant. This fact may suggest that a delayed pregnancy does not seem a priority to women who are married.

Participants indicated the 'skills' used in their marriages were skills related to hygiene, nutrition, and delaying pregnancy. This correlates with the fact that hygiene and nutrition were identified as the most beneficial or useful during the survey.

Skills which participants attempted to use but which failed were identified as Government Welfare Schemes, and Income generation schemes. Participants stated the main reasons for failure were family members (husband, mother-in-law) not willing to allow their access to them. A lack of facilities was also identified as a barrier to accessing these schemes.

This may suggest that, although the information retained during the workshop is impacting on the participants in way of knowledge, the accessing of the schemes and programs in their day-to-day lives is frustrated by cultural and social factors (i.e. families).

Although more than three-quarters indicated that their opinions were of importance to their husbands, and most of them felt that they had in fact made important decisions in the household, most of the decisions were in regard to the procuring of goods for the household, and 'seeing their mother'. Considering more than half had attempted to access government and income generation schemes but were hindered by their husbands, it could be suggested that the participants' decision-making is limited only to inconsequential areas within the household.

Notwithstanding this, most participants were content in their marriages, however some expressed a desire to improve their standard of living, to work, or to start a business.

Overall, most participants suggested the curriculum of the workshop was sufficient; however a number of areas were identified by individual participants for consideration for inclusion. These areas are:

- (a) how to access government services.
- (b) how to access income generation schemes/programs.
- (c) how to access women's education programs.
- (d) Indian politics.
- (e) further detail about relationships and sexuality.

Almost all participants were comfortable with the questions contained within the Survey schedule. Areas identified as causing slight discomfort are:

1. personal intimate relationships
2. some participants found it difficult to articulate answers to specific questions (Qu 7 and Qu 22).

Overall, it is suggested that the subjects which have provided most impact on participants are Hygiene and Nutrition. It would appear that in their day-to-day lives, participants are most involved in these areas and therefore have greater opportunities to synthesise and utilise the information learned, and make improvements or changes in household domains not highly influenced by other factors (i.e. other family members). Subjects of least impact appear to be Government welfare schemes, Income generation schemes, and the Importance of continuing education. It is suggested that these areas are predominantly in the control of other family members, and therefore cannot be fully utilised by the participants.

Although participants could see the benefits of completing their education, the practicalities of their lives and influence of their culture appear to reduce the incidence of them completing up to +2 standard. Thus the impact of the workshop lies in increasing the awareness of the participants, rather than resulting in an actual increase in the number of girls continuing and completing their education.

This discussion point illustrates a major factor identified in this study. Although participants have an increased knowledge, an increased awareness of issues, and an increased consciousness of themselves, the influence of cultural norms and expectations weighs heavily upon their decision making process when attempting to adapt the knowledge in a 'day-to-day' situation or practical activity. Thus it could be suggested again that the knowledge is impacting on the participants of the workshops, however the ability to synthesise and utilise much of it is negated by cultural and social influences.

Overall, approximately three-quarters of participants indicated that they discuss pregnancy issues with their husbands. This would suggest that the workshop has had

some impact on its participants given that it is a subject discussed within the family, however its impact on the day-to-day lives of participants and their families appears minimal.

Participants also identified 'delayed pregnancy' as an issue never discussed within the family, but married participants identified it as an issue frequently discussed and as a 'skill' used. It could be suggested that only some information and skills presented during the workshops are useful at different stages of the participants life. Notwithstanding this, hygiene and nutrition stand out in both groups as beneficial, useful, and utilised 'skills'.

The issues for consideration for inclusion into the Workshop curriculum suggest that although information on subjects such as Income Generation Schemes and Government Welfare Schemes is taught and retained by the participants, the process by which an individual can access the services of such programs or services is not.

Overall, and in conclusion, the study identifies that the issues of hygiene and nutrition were the most beneficial and useful to participants in terms of their impact on participants' day-to-day activities. This is the same for both groups of participants; married and unmarried.

Subjects and issues which were found to have a minimal impact on participants' activities were Government Welfare Schemes, Income Generation Schemes, and the importance of continuing education.

This illustrates a major factor identified in this study. Although participants have an increased knowledge, an increased awareness of issues, and an increased consciousness of themselves, the influence of cultural norms and expectations diminish the decision making process when attempting to adapt the knowledge in a 'day-to-day' situation, or practical activity. Thus the ability to synthesise and utilise much of it is negated by cultural and social influences.

The Adolescent Workshop has a positive effect on the confidence and consciousness of the participants. The impact on participants in terms of a heightened awareness is also passed on to families and village members. Participants are actively promoting the knowledge gained during workshops, which indicates that the impact of RUHSA's Adolescent workshop is greater than that on the participants alone.

## LIMITATIONS

### *Limitations of Workshops and Impact Assessment*

It was found that there was a limitation in the first workshop's evaluation results due to the wording of the questions used which differed between the pre and post evaluation questions. This caused the comparison of the pre and post answers for those questions less reliable and credible when discussed in detail.

Also in relation to the pre and post evaluations, the first workshop implemented the questions to grouped participants and therefore the results were representative of the groups, rather than each individual girl's improvement. This limited the results as they were generalised, and the girls were limited by being unable to see their individual personal improvement as suggested by their scores.

A limitation of the workshops was the lack of breaks given throughout the lectures, therefore resulting in reduced attention spans during long lectures. This is suggested as leading to less information assimilated in certain areas and subsequently a decrease in motivation and overall knowledge.

The academic level, intelligence, and age of the participants limited the extent to which each individual was able to improve their knowledge from the information given throughout the workshops. The small amount of illiterate participants were limited in learning due to the lack of personal skills they possessed.

During the second workshop while conducting the interviews, it was found that there was a limit to the depth of detail and information gained for the impact assessments due to the translation of answers. At times the interpreters are suggested to have given their interviewees leading and suggestive responses which is a limitation to the study's findings.

Similarly, the interpreters which were used were all male, and in turn many of the interviewees stated that they were shy discussing personal issues with these men. This was a limitation to the results which were elicited as many girls were too uncomfortable to respond in full, unabated honestly and in detail.

A limitation was identified in the use of 'ad hoc' interpreters, and the lack of preparation and briefing time needed for high quality translating. Certain questions asked in the Impact Assessment during the second girls' workshop lost the intended meaning in the process of translation, and thus the resulting answers given by participants were confusing and not related to the question at hand.

The proportion of married women available to attend the second workshop, and who had previously attended a workshop on adolescence, is suggested as a limitation to the study. Consequently, there were only a small amount of married women available in comparison

to unmarried to be interviewed, and therefore it was needed to go into the field to gather further information representing married women and the issues that affect them.

## RECOMMENDATIONS

From observations of the two workshops, and findings from the Impact Assessment, practical recommendations can be made to both enhance the workshops and increase participant learning during the workshop. The following recommendations are made as a result of this Study:

- (a) It appeared that the girls were more motivated and learned more easily through copying notes from a blackboard, rather than simply listening to a lecturer speak. It is recommended that lecturers be encouraged to write down their main points as they are taught to the girls. Similarly, a need exists to develop similar motivational tools for illiterate participants.
- (b) From discussion with participants that previously had attended a workshop and were attending their second, it was noted that much of their gained knowledge had diminished through both the length of time since initially taught and the non-use or restricted ability to use the knowledge. It is recommended that consideration be given to the production of a pamphlet or booklet outlining and reinforcing important teaching points. For illiterates the pamphlet could utilise diagrams and pictures as opposed to words.

Given the above, it is also recommended that major teaching points be reinforced at regular intervals. This could be done over a given period (1-3 days) at RUHSA, or could be facilitated by FCVs at PSU level and supervised by RCOs. The opportunity could also be taken at these intervals to update the information presented to participants.

- (c) It is recommended that the information presented to participants be developed to clearly explain the process of accessing Government Welfare and Income Generation Schemes, as well as other Government facilities or programs. Information outlining the process of accessing Government services and facilities could also be included in the pamphlet recommended at (b). This process could also include guest speakers from Government organisations or financial institutions. Similarly, to increase participants' confidence in their abilities to achieve and succeed, it could be considered to include local women involved in business to speak to the girls.

(d) The pre- and post-evaluation methodology utilised during this Impact Study be incorporated into all Adolescent workshops to facilitate a more effective assessment of the individuals' knowledge retention. The method used in this Study would be the best in a research environment; however, if the pre- and post-evaluation process is simply being implemented to raise the confidence of participants by indicating the general level of knowledge 'increase', the group methodology would suffice.

- (e) Due to the shortage of time and lack of time management by some lecturers, certain subjects in the syllabus were only highlighted rather than discussed in detail. Therefore it

is recommended that for future workshops the timetable and structuring of each workshop be planned in a more realistic manner that benefits both the students and the lecturers, this is also inclusive of planned break times for participants.

- (f) On the first day of the second workshop many girls spent the majority of the day sitting unoccupied while waiting for the interviewing process to be completed. From this, a large part of the day's learning was wasted. It is recommended for future programs that if there is a change or disruption from the original scheduled time-plan, then there needs to be an alternative plan which can be implemented so that the girls are kept occupied and time is not wasted. A suggestion to pass the time productively is to include games, songs, and other forms of educational entertainment.
- (g) The length of time participants were required to remain seated on the ground, it appeared to decrease the attention span of each girl as the lecture progressed. It is recommended that short breaks be planned between each lecture and discussion and adhered to in the time-schedule to maximise participant concentration. During these breaks, instead of supplying the adolescent girls with coffee which reduces vitamin intake, RUHSA could supply another more nutritional drink, setting an example of good health.
  - 1. The adolescent boys' workshop (which was observed between 28-31 March) included a short time at the end of the workshop to conduct a question and answer session which appeared to be very successful in clarifying unanswered questions of the participants. It is recommended that in the future, the girls' workshops also allocate time for question and answer sessions to enhance learning.
  - 2. The Adolescent Boys' workshop curriculum be developed to increase boys' consciousness and awareness of women's issues. Similarly the Boys' workshop should identify the social implications and negative impact of attitudes towards women which diminish the promotion of women's rights, and reduce women and girls actively participating in society.
- (j) It is recommended that the Adolescent Workshops should be continually developed and evolved to reflect the changes in society, and broadening knowledge-base from which the curriculum can be enhanced.

The impact of RUHSA's Adolescent Girls' Workshop is wider reaching than the participants themselves; as such the effects of the workshops' teachings are beneficial to the wider community, and thus to society as a whole. Although the number of Adolescent Workshops has decreased in recent years (which may indicate changes in RUHSA's direction and emphasis) the wide impact of the Workshop illustrated by the study indicates the continuation of the Adolescent Programs should be continued at annual, if not biannual, intervals. The recommendations made above are aimed at increasing the impact of the Workshop.

## CONCLUSION

RUHSA and its staff are aware of the important role women play within society and this is reflected through the programs implemented by them for the people of the K.V. Kuppam block. The Adolescent Girls' Program highlighted the topics of importance needed to be known by girls experiencing adolescence which will assist them throughout their lives. By RUHSA making programs such as these available, it is acting as a role model for the wider community and other non-government agencies to take responsibility in empowering women and making available resources for them to be able to increase their knowledge, thus increasing women's status overall.

The adolescent girls' workshop offers an opportunity for the girls to interact and socialise with other girls of their age, as well as begin to be able to experience a small amount of independence by attending the program, learning new information, and staying overnight away from their homes.

After the girls had participated in the workshops, they experienced increased levels of confidence as well as a feeling of empowerment. They are now able to go back to their villages and share with others the knowledge they had gained, which will also improve the lives of others around them.

With the continuation of programs such as the Adolescent Girls' Program, village girls can increasingly become more responsible for themselves and continue to create change within society for the better.

With reports such as this available for referral, future programs can easily be developed and improved in the necessary areas so maximum results can be achieved for the benefit of everyone involved, and for the benefit of the community and society at large.

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## **Appendices**

## Appendix A - Study Population by Workshop

### Workshop I - Adolescent Girls' Workshop (23-25 March 1998)

AGE	No	%
14	2	2
15	14	16
16	12	14
17	25	29
18	20	23
19	14	16

Education	No	%
5	4	5
6	1	1
7	4	5
8	43	49
9	9	10
10	23	26
+1	-	-
+2	3	3

Village	No	%
Thirumani	33	38
Senji	8	9
Thuthithangal	4	5
Melvilachur	4	5
Padamandangi	4	5
Kavasampattu	4	5
Kizavilachur	4	5
KV Kuppam	3	3
Annangudi	3	3
Thondonulasi	3	3
Mohammad Puram	3	3
Veppaneri	1	1
Maliyapattu	1	1
Murrukupattu	1	1
Latteri	1	1
PK Purram	1	1
Kaningapurram	1	1
Korapattari	1	1
Arumbabbam	1	1
Kebhmuttukur	1	1

Workshop II - Adolescent Girls' Workshop (26-28 March 1998)

AGE	No	%
16	5	19
17	4	15
18	6	22
19	3	11
20	2	7
21	4	15
22	1	4
23	1	4
24	1	4
UNK	2	7

Education	No	%
4	1	4
5	1	4
6	-	-
7	-	-
8	4	15
9	5	19
10	11	41
+1	-	-
+2	5	19
UNK	2	7

Village	No	%
Senji	5	19
Angarankuppam	4	15
Chennankuppam	4	15
Thondanthulasi	4	15
Netteri	2	2
Pasumathur	2	2
Kavasambut	2	2
UNK	2	7
Mohammad Purram	1	4
KV Kuppam	1	4
Pillandipattu	1	4
Melvilachur	1	4
Kilmuttukur	1	4

Workshop III - Adolescent Boys' Workshop (30-31 March 1998)

AGE	No	%
14	1	3
15	4	11
16	8	22
17	6	17
18	4	11
19	5	14
20	1	3
21	4	11
22	2	5
23	1	3

Education	No	%
4	-	-
5	1	3
6	1	3
7	1	3
8	5	14
9	2	5
10	10	28
+1	1	3
+2	8	22
UNI	5	14
NONE	2	5

Village	No	%
Shozhamur	8	22
Melkavanur, Machanur	6	17
Veppaneri	5	14
Padamandangi	3	8
Kilmuttukur	3	8
Pasumathur	3	8
Gudiyattam	3	8
Latteri	2	5
LN Purran	1	3
Veppar	1	3
Pattiur	1	3

**Appendix B - Pre- and Post-evaluation Detailed Comparison  
(Workshop I: 23-25 March)**

**Pre-evaluation Test**

NAME OF QUESTION	1.	2.	3.	4.	5.	6.	7.	8.
	R O S E	L O T U S	P E A C O C K	A L L I	M U L L A I	L I L L I	J A S M I N E	G O L D
1. What is the age of puberty / adolescence?	3	3	1	3	5	3	3	3
2. When should supplementary feeding begin for infants?	3	2	2	2	2	2	2	2
3. Should you eat more food during pregnancy?	5	5	5	5	5	5	5	5
4. Which 6 diseases are preventable by immunisation.	1	1	2	1	3	2	-	4
5. Why will AIDS spread?	5	5	5	5	5	5	5	5
6. State a reason for giving a baby colostrum.	-	-	5	5	3	5	-	-
7. What should be given to children with diarrhoea?	5	5	5	5	5	5	5	3
8. What is the legal age for marriage for men and women?	-	2	2	2	2	3	-	1
9. Name 2 government welfare schemes for women.	-	-	5	-	-	3	5	-
10. State 2 advantages of savings.	2	2	2	-	-	2	-	2
<b>TOTAL POINTS</b>	<b>24</b>	<b>25</b>	<b>34</b>	<b>28</b>	<b>30</b>	<b>32</b>	<b>25</b>	<b>25</b>
<b>% CORRECT</b>	<b>48</b>	<b>50</b>	<b>68</b>	<b>56</b>	<b>60</b>	<b>64</b>	<b>50</b>	<b>50</b>

## PRE-EVALUATION TEST

### Needs Assessment based on Pre-Evaluation

Best answered questions:

1. Food intake during pregnancy (100% correct)
2. AIDS causes (100% correct)
3. Diarrhoea treatment (95% correct)
4. Age of Puberty (60% correct)

Least known subject:

1. Only 25% of participants could name two advantages of savings.
2. Only 30% could state the legal age of marriage.
3. Only 32.5% could name two government welfare schemes.
4. Only 35% could state 6 killer diseases preventable by immunisation.
5. Only 42.5% could state the age at which an infant should be fed supplementary food.
6. Only 45% could state the reason for giving an infant colostrum.

Limitations of Test:

1. Participants were grouped (8 groups)
2. Each individual participant did not complete a test.
3. Limited number of questions.
4. Variable scoring scheme (correct=5, partially correct=4-1, incorrect=0).

## Post-evaluation Test

NAME OF QUESTION	1.	2.	3.	4.	5.	6.	7.	8.
	R O S E	L O T U S	P E A C O C K	A L L I	M U L L A I	L I L I	J A S M I N E	G O L D
1. What is the age of puberty / adolescence?	4	5	4	2	5	5	5	5
2. When should supplementary feeding begin for infants?	3	5	5	5	5	3	5	5
3. If a girl marries early and has a child, what are the chances of the child being born underdeveloped?	-	-	5	5	5	5	5	5
4. Which 6 diseases are preventable by immunisation.	5	5	5	5	5	5	5	4
5. How is AIDS prevented?	3	5	3	3	5	5	5	5
6. State a reason for giving a baby colostrum.	2	5	5	5	5	5	5	5
7. How do you prepare ORS?	5	5	3	3	5	5	5	5
8. What is the legal age for marriage for men and women?	5	5	5	5	5	5	5	5
9. Name 2 government welfare schemes for women.	2	5	5	3	5	5	5	-
10. State 2 advantages of savings.	2	5	3	2	5	5	5	5
<b>TOTAL POINTS</b>	<b>34</b>	<b>48</b>	<b>43</b>	<b>38</b>	<b>50</b>	<b>48</b>	<b>48</b>	<b>44</b>
<b>% CORRECT</b>	<b>68</b>	<b>96</b>	<b>86</b>	<b>76</b>	<b>100</b>	<b>96</b>	<b>96</b>	<b>88</b>

## POST-EVALUATION TEST

### Post-Evaluation Test Results and Conclusions

#### Best answered questions

1. Reason or giving a baby colostrum (100% correct)
2. Legal age of marriage (100% correct)
3. Six diseases preventable by immunisation (97.5% correct)
4. Supplementary food for infants (90% correct)
5. ORS preparation (90% correct)
6. All other questions were answered correctly at 70% or above.

#### Comparisons to Pre-evaluation Test

Based on a comparison between the pre and post evaluation tests, the participants' ability to recollect information on the subject of:

1. Puberty and adolescence improved 27.5%
2. Pre and Post-Natal care improved 47.5%
3. Pregnancy reduced 25%
4. Six killer diseases improved 62.5%
5. AIDS reduced 15%
6. Infant care improved 62.5%
7. Diarrhoea reduced 5%
8. Legal factors relating to women improved 70%
9. Government welfare schemes for women improved 42.5%
10. Women's income generating schemes improved 57.5%

#### Limitations of Test

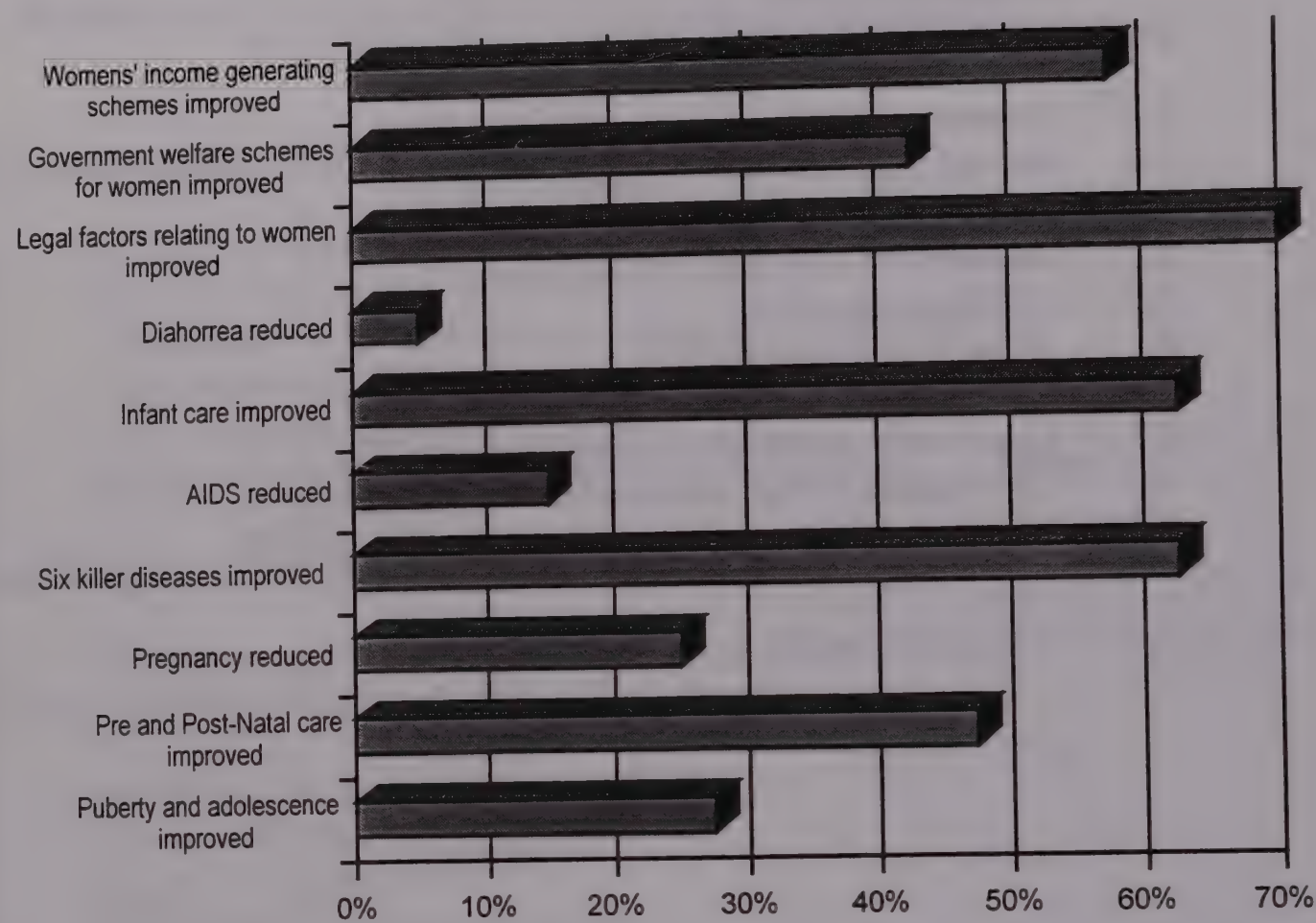
1. Participants were grouped (8 groups)
2. Each individual participant did not complete an individual test.
3. Three questions were different from the pre-evaluation test (although they covered similar subject material).
4. Variable scoring scheme (correct=5, partially correct=4- 1, incorrect=0).

### Comparisons to Pre-evaluation Test

Based on a comparison between the pre and post evaluation tests, the participants' ability to recollect information on the subject of:

1. Puberty and adolescence improved 27.5%
2. Pre and Post-Natal care improved 47.5%
3. Pregnancy reduced 25%
4. Six killer diseases improved 62.5%
5. AIDS reduced 15%
6. Infant care improved 62.5%
7. Diarrhoea reduced 5%
8. Legal factors relating to women improved 70%
9. Government welfare schemes for women improved 42.5%
10. Womens' income generating schemes improved 57.5%

A Study Into RUHSA's Adolescent Girls' Workshop and An Assessment of the Workshop's Impact on Participants' Social, Economic and Personal Development



## Appendix C - Impact Assessment Survey Schedule

- 1        *1 = very important*  
           *2 = important*  
           *3 = not important*  
           *4 = unsure*

How important to you was learning about:

Improving your health and diet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Prevention of Anaemia	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Changes in adolescence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Consequences of Early Marriage	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Diseases	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
AIDS	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Immunisation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Government welfare schemes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Income generation schemes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

- 2        *1 = never*  
           *2 = sometimes*  
           *3 = often*

Since the last program how often were the following  
your family?

issues discussed by you with

Nutrition	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Marriage	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Delayed pregnancy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Awareness of AIDS	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Importance of education	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Womens' social status	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Adolescent development	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Income generation schemes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Hygiene	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

3        Topics:

Nutrition  
Marriage

Delayed pregnancy  
AIDS and sexuality  
Womens' Rights  
Laws related to women  
Importance of education  
Adolescent development  
Government welfare Schemes  
Income generation schemes  
Hygiene  
Female reproductive system

**Which topic was of most interest to you, and why?**

**4 Which topic do you feel was most beneficial to you, and why?**

**5 What aspect(s) of your life have you:**

- (a) been able to improve, and how?
- (b) not been able to improve, and why?

**6 How have you promoted the status of women in your family / village?**

**7 How has the knowledge changed your perception of women in society?**

**8 How important is continuing education beyond menarche to you?**

not important  
important  
very important

**9 Did you continue your education beyond menarche?**

yes  
no

**10 How important is it for boys to be educated about women issues?**

not important  
important  
very important

**11 Have you talked to / educated any boys about womens' issues?**

yes

no

**12 Have you been to school since the last program?**

yes

no

**If yes, how has your education helped you in your life?**

**13 Have you overcome any adolescent problems since attending the last program?**

yes

no

**If yes, what problem did you have?**

**How did you overcome the problem?**

**14 Do you feel comfortable talking to boys?**

yes

no

**If no, why not?**

**15 What is your view on the AIDS problem in India?**

**16 Where have you learnt / heard about AIDS?**

**Family**

Friends

RUHSA

Books

Television

Radio

School/work

**17 Have you discussed AIDS with your family?**

yes

no

**18 Do you feel that girls should be educated about intimate personal relationships before marriage?**

yes

no

**If yes, who do you think should teach these issues?**

**19 How did you learn about intimate personal relationships?**

- RUHSA

Family  
Friends  
Books  
Television  
Radio  
School/work

**20 Have you learned about family planning?**

yes

no

**21 Who taught you about family planning?**

- Family  
Friends  
RUHSA  
Books  
Television  
Radio  
School/work

**22 Are there any topics that should be added to the programs?**

yes

no

**If yes, what?**

**PLEASE ANSWER IF MARRIED:**

**23 Were you able to delay your marriage?**

yes  
no

**24 At what age were you married?  
How old are you now?**

**25 Are you pregnant?**

yes  
no

**If no, have you discussed delaying pregnancy with your husband?**

yes  
no

**26 Do you discuss with your husband the increased food intake you need / will need  
when pregnant?**

yes  
no

**27 What skills did you learn in the first program which you have used in your  
marriage?**

**28 What skills failed, and why?**

**29 Who, or what prevented the skills from being used?**

**30 How important is your opinion to your husband?**

not important  
important  
very important

**31 Have you made any important decisions in your home?**

yes  
no

**If yes, what decision?**

**32 What would you like to change about your married life?**

**33 Were there any questions in this schedule that you felt uncomfortable about answering?**

**Appendix D - Pre- and Post-evaluation Detailed Comparison**  
(Workshop II:26-28 March)

Question	Pre-evaluation Girls attaining 100%	Post-evaluation Girls attaining 100%	% increase/ decrease per question
1. Name 2 ante-natal checkups.	31% (9g)	93% (25g)	62%
2. At what age should a woman be given supplementary feeding?	28% (8g)	96% (26g)	68%
3. Should a woman consume more or less food during pregnancy?	97% (28g)	96% (26g)	-1%
4. Name 6 killer diseases preventable by immunisation?	0% (0g)	52% (14g)	52%
5. Give two reasons for the spread of AIDS.	69% (20g)	67% (18g)	-2%
6. State a reason for giving a baby colostrum?	38% (11g)	96% (26g)	58%
7. What should a child be given if suffering diahorrea?	76% (22g)	85% (23g)	9%
8. What is the legal age of marriage for male and female?	69% (20g)	93% (25g)	24%
9. Name 2 government welfare schemes.	7% (2g)	30% (8g)	23%
10. State 2 advantages of savings.	45% (13g)	63% (17g)	18%
11. State 3 measures you can adopt to prevent getting AIDS.	48% (14g)	48% (13g)	no change

*\*29 girls involved in pre-evaluation / 27 in post-evaluation*

Comparisons to Pre-evaluation Test

Based on a comparison between the pre- and post- evaluation tests, the following areas recorded the largest areas of improvement:

1. Pre- and Ante-natal care.
2. Diseases preventable by immunisation.
3. Womens legal issues.

## **APPENDIX E**

### ***Adolescent Girls' Program Sequence of Events***

#### **MONDAY**

Monday the 23rd March was the first day of the First Adolescent Girls Workshop for girls in the local villages in the K. V Kuppam Block. The arrival of the first girls occurred from 9am and this time was spent registering the girls in the program.

At about 10:45 am, after completion of enrolment, there was a short time introduction of about five minutes, welcoming the girls and then it was on to 'ice-breaking' - an opportunity for the girls to become familiar with one another as well as ease any fears through the form of a game. This game of 'buzz' lasted about 30 minutes after a pre-evaluation quiz was given to all the girls. For the quiz the girls were separated into eight groups each consisting of about nine to ten girls. Mr. Matthew asked a question then the girls discussed the answer and as a group they gave a written answer. This quiz of ten questions took about 30 minutes to complete. It was then onto the formation of a Management Evaluation Team (MET). There is a team chosen consisting of three girls per day and each girl has a specific role to play. In this MET team there is a moderator, evaluator and recorder. The moderator is the group leader, managing the problems of the day. The evaluator asked for feedback from the participants, for example, what the girls found to be most interesting; usefulness of topics and so on. The recorder records the proceedings of the day. After the formation and clarification of this team and what it was expected to do, it was onto the daily topics to be discussed.

The first topic of the day was Health and Development. This topic was lectured by Mr. Jambulingam. It was stated that in health there are three main areas: physical, mental and social. In development there are also three main aspects: economic, social and cultural/ These areas were defined and it was discussed how health and development are interrelated.

Most girls were very attentive and writing down notes in the books they received by the RUHSA staff at the beginning of the program.

About an hour later Mrs. Jayalakshmi took control and explained the health and nutritional status of young girls. In this topic she explained malnutrition and what causes this. she highlighted the importance of a balanced diet during adolescence and the signs, symptoms, causes and prevention of anaemia. The topics of hygiene and diarrhoea management were also included. It was found that the girls were listening more intently to her.

This may be due to her use of visual aids (cards) and she also included group participation which also maintained their interest and concentration. Lunch then followed this session which lasted an hour.

By 2pm it was time to return to the workshop hall to continue the day's program. Mrs.

Greeda Alexander then came in to discuss changes during puberty. These included physiological changes, menstruation and the female reproductive system. Greeda also managed to maintain the girls interest and keep their attention focused as she asked them voluntarily to repeat what she had been discussing. This ensured that communication and understanding was reaching the girls. In addition, she gave a demonstration on how to put together a sanitary pad. This was done by folding two cloths inside each other and folding a specific way. It was found that these girls only used one cloth and she enforced the need for two for hygienic reasons.

During Greeda's lecture, the girls were very keen to write down notes, especially when she drew diagrams of the female reproductive system. It was interesting to note that none of the girls had knowledge about hygiene and changes during puberty and menstruation. During this time coffee was given to all the participants while they sat attentively to the lecturer.

Mr. Alexander followed Greeda with a lecture on female education. The objectives of this session were to state the importance of female education and the role of education in the development of women.

After this session, Mrs. Jayalakshmi taught another session, this time on the topic of changes during adolescence. This specifically was on the explanation on the emotional, thinking and behavioural changes that occur during this important stage of life.

By this time it was about 5pm, the time where completion of the day's program had arrived. The girls left the workshop hall to spend some quality time together outside before it was time for dinner and reflection on the day that had nearly passed.

## TUESDAY

Tuesday's program began about 9am with the MET team leading the group with feedback from the proceedings of the day before. The recorder began with what had occurred half way through the day. She didn't record the beginning of the day from registration as she did not know what to write.

Mrs. Vijayakumari suggested for the moderator to introduce the recorder; to learn some leadership skills, however the moderator did not do this as she was embarrassed. The evaluator managed to ask 29 girls, the night before, what they thought of the first day of the workshop. 19 thought it was very good, six thought it was good and four gave no comment.

At about 9:30 am the first topic for the day was a lecture on government welfare schemes for women, handicapped and children. This was lectured by Mrs. Vijayakumari. She spent 30 minutes to about an hour describing what is available for each of these categories of people. She stated that all the schemes developed come from the Social Welfare Board and occur at three levels: central, state and district.

During this lecture the girls were very receptive and attentive to Mrs. Vijayakumari. They wrote notes as she used the blackboard. There were many schemes she mentioned. The first scheme was for widows and it was a free tailoring admission scheme. To be eligible the widows must be 18 - 35 years old and must have an income less than R12,000 per

year.

The second scheme mentioned is also for widows, however it applies to widows with no support and deserted women. Examples of these programs may be screen printing, or tailoring and these are here to help them look after themselves.

In addition, it was stated that the government grants a financial subsidy of R5000 for a widow's daughter's marriage. There is also R5000 given to orphan girls. To promote inter-caste marriage, the government is giving R10000 to those who partake in this. Income of the family should however be less than R12000.

A coffee break came about 10.30am, after the completion of the talk given by Mrs Vijayakumari. Antenatal/postnatal care and family welfare was then discussed. This was taught by Mrs Shanthi in great detail, being beneficial to all the girls attending. This topic covered many aspects such as signs and symptoms of pregnancy, importance of antenatal care services, consequences of early marriage, and teenage pregnancy. About 12pm the girls stood up and sang songs. The songs were about women's development. This was followed by a film on the six killer diseases: tuberculosis, polio, diphtheria, measles, tetanus and whooping cough and a short film on AIDS. Lunch then followed this film.

After lunch Mr Solomon.K. gave a lecture on diarrhoea management. He highlighted the signs of dehydration and the preparation of ORS. He added humour and this kept the girls interested.

Women's Rights and Laws for Women continued the program with Mr Joseph. In this session, Mr Joseph highlighted the fact that there are laws that prohibit dowry being used, however it was stated that this is still a major problem within India. He mentioned that at one time the dowry arose as a gift of love from parents to children. Now however, it is demanded and expected. In addition, he also raised the issues of violence against women and the Legal Acts that relate to the prevention of these crimes. Furthermore, the topics AIDS and Sexuality were also raised, in which the definition of HIV and AIDS were given as well as an explanation of the cause, spread and prevention of this disease.

## **WEDNESDAY**

At about 9am group feedback occurred which was then followed with a game to find out who the leader was through the use of rhythmic patterns. Mr Matthew led this game and then gave a lecture on the need for improving leadership qualities for girls during their adolescent period. About 10.30am the girls were weighed and their height was recorded.

About 11am Mr Sekar gave a lecture on team work and Mahila Mandal; women's groups. It was an opportunity to discuss women's issues by women, including their problems and how their needs can be met. He then went on to discuss team work and what factors promote and hinder it. He stated that everyone must be equal to have an effective team. There can be no subordinates, otherwise it can not function as a team. He used a finger metaphor analogy: "no finger is more useful/greater than the other", in other words, everyone is the same; as a group we need to function.

He highlighted common issues such as support for others and group goals. Mr Sekar

added that advantages to being in a group are that as a team it can receive advice and opinions from others, receive group support and achieve quicker results. He highlighted the idea that common objectives must be sought; give encouragement and don't criticise others. He also stressed not to have any selfish motives/feelings as this is the only way to succeed in the team. An important point also was to believe in oneself and have the thought in one's own mind that "the group will support me". He added that respect should occur with each member and if any problems should occur they must be discussed openly to be solved. Another key factor is that everyone is responsible for the group, for example, one can not say "this is my work, and that is yours".

Marriage was the next topic and this occurred about midday until lunch at 1pm. This session was conducted by Mrs Abel and she discussed what makes a successful marriage, such as communication to deal with problems, compromising and making adjustments where needed. She mentioned the legal age for marriage was 21 for girls and 25 for boys. It was interesting to learn that the majority of parents had not discussed marriage with their daughters. Mrs Abel enforced the importance of education before marriage to have a good future.

Lunch then arrived and after this we all returned to complete the last part of the program. The topic was Income Generation Schemes and Mr Muniraj spoke about this topic. He stressed girls must have confidence in making a profit, believing in themselves to make a success. He included awareness of the government offering subsidies for those wanting to start a work project. He was suggesting to take the opportunities the government was offering.

After the lecture on Income Generation Schemes, the three Social Work students from the University of South Australia conducted a role play concerning a scenario that involved a young man and woman. They highlighted the importance of negotiation skills and self confidence in dealing with adolescent boys. Then a practical demonstration was given to represent a possible situation and its different outcomes. The day concluded with an insightful and inspirational speech by Dr Abel and a farewell to all of the girls who participated in this first workshop. A warm thank you was also shared by Mrs Vijayakumari, Mrs Jayalakshmi, and Mr Mathew, as well as the Social Work students.

## **THURSDAY**

Thursday the 26th of March was the beginning of the Second Adolescent Girls Program. It catered for those girls who had attended a program in the past from the year 1990-1996.

9 - 10am was the time spent registering the girls that had attended. Then from 10am - 1pm the three social work students from the University of South Australia conducted one to one interviews with the girls through an interpreter.

There were two coffee breaks, one at about 11am and another about 3pm. At 1pm was lunch then from 2pm the interviews recommenced and continued till completion of all the girls had undergone an interview.

During the time the interviews were occurring the remainder of the girls sat quietly and

very patiently on the ground or talked quietly in small groups. 6p.m was the time of completion of all the interviews and from 6:30- 7:45 the girls were filled in on key messages on topics that were meant to be discussed that day. About 8pm the girls retired from the daily programs.

## **FRIDAY**

Friday's program commenced with the formation of a Management Evaluation Team (MET). From 10 - 11 am Mrs. Jayalakshmi highlighted and reinforced key messages they had been taught in the first program they attended in one of the years from 1990-1996. A few girls took notes while the lecture was occurring.

About 11am Father Ignatius gave a speech on malaria and how to prevent oneself from catching it. The girls were very attentive as he used diagrams in a story-telling type mode of education. His speech was given in English and there was an interpreter giving the Tamil translation to the girls. The girls thoroughly enjoyed this aspect as it was an entertaining yet informative mode of education.

Mr. Matthew then gave a lecture and game on leadership as occurred in the first program that occurred from the 23rd March to the 25th March. The following topics that were covered on Friday were those that also occurred during Tuesday and Wednesday's programs of the First Workshop. Furthermore, the social work students presented through Mrs. Jayaklashmi, as an interpreter, a list of motivational and inspirational quotes that resemble guides to life

The daily program closed about 7pm just before dinner; then after dinner the social work students experienced a social time with the adolescent girls in their hostel room. The Australian students met them in their hostel and underwent a time of struggling with the language barrier. However, acceptance of this situation and its cultural differences brought great experience to the lives of the students. This experience highlighted the fact that different cultures can come together to overcome language barriers and enjoy each other's company in a social situation. Although during this time there was no one there to interpret for the students there was still happiness, and a common understanding of enjoyment and acceptance of each other and their diversity.

## **SATURDAY**

The last day of the second workshop, Saturday, began with the MET team giving feedback on the previous day's proceedings. They reported that most enjoyed the program very much and that they learned a great deal.

The social work students conducted a role play the same as the one presented in the first workshop to the first group of girls.

In addition, the events that followed were Education on the Rights of Women Laws related to Women and this was lectured by Mr. Joseph. This involved the same topics as discussed in the first workshop.

Furthermore, empowerment and self-esteem were discussed by Mrs. Jayalakshmi. During this topic she stated the need for empowering adolescent girls, the definition of self-esteem was given, as well as skills that are needed to improve self-esteem. She also discussed the obstacles that prevent assertive behaviour and ways of overcoming this.

Following this last topic of the day the girls returned to their pre-evaluation groups to undertake a post evaluation knowledge retention quiz.

The second workshop for adolescent girls concluded with a valedictory speech by Dr. Abel as well as gratitude and "thank yous" by Mrs. Vijayakumari and Mrs. Jayalakshmi for attendance and participation.

## **APPENDIX F**

### **A Report on the Adolescent Girls' Workshop**

#### *Chennai Excursion.*

Girls from each of the 18 PSU's were chosen to experience - for many of them - their first trip to Chennai. Thus, this day was both an educational day, as well as enjoyable day of leisure.

The trip started at about 5am on the 31st March when approximately fifty girls rose to meet Mrs Vijaykumari, Lily a RUHSA nurse and Mr Govindraj by the bus to begin the journey. After having coffee we all left RUHSA with darkness still upon us, beginning our journey to the big city of Chennai. The five hour bus ride was spent with the girls sleeping till sunrise, then singing songs and looking at the majestic rice paddies, coconut fields and general beauty of the green scenery. After a couple of hours we had breakfast which was care of the wonderful Mr Das and his fellow helpers who rose earlier than 5am to have this food prepared for us.

By about 10am we arrived in Chennai and our first stop was the Guild of Service (Central) branch. The Guild of Service was established over sixty years ago, and is a national level Social Welfare Organisation set up to co-ordinate activities for the benefit of the economically backward, physically and mentally handicapped and socially weaker sections of society. This all functions from the main office in Chennai as well as its other branches all over India.

The Guild of Service is for children, women and families and provides many activities within its programs, covering a wide range of areas. In one of these areas there are 'Programs for Children', which include institutional care such as children's homes, and non institutional care such as a sponsorship adoption unit, women's and children's centre as well as a Founding Home which houses orphaned, abandoned and illegitimate children. Also on offer is a pre-school children's feeding program.

Another field of service the Guild offers is vocational and educational training, including a school which is inclusive for boys and girls. For boys only there is training in home economics as well as vocational training in 14 trades. For girls there is embroidery, cutting and stitching from the Girl's Home and day scholars.

In addition they offer programs for the handicapped as well as health and family programs. In these programs 'family planning' information is given as well as aids including sterilisation and other helpful health support.

Furthermore, the Guild offers through community development a boy's home/plan International Project. Socio-economic programs are also run by those in need to learn to manage a job, such as working in a canteen in a hospital, working in a bakery, or a printing press. There are also programs that specifically cater for the welfare of the women, such as temporary institutional care of battered women, women who have conceived out of wedlock, and destitute women. Education and simple skill development is given to enable the women to earn a livelihood.

There is also a service called 'Meals on Wheels' which is for the aged. Lastly there is an emergency relief which is a fund that is used during disasters, fires and other calamities.

We arrived at the Guild to be briefed on what the centre is about, and then we were taken around the service grounds and shown some of the programs that are offered. We were shown the girls' home, the kitchen and where they undertake housekeeping training. After spending an hour or two at the Guild of Service, we then left to begin the social part of the day. Our first stop was lunch for all of the girls and the three group leaders. About 12.30pm following lunch we traveled on the bus again heading toward the beach and taking in lots of Chennai tourist attractions along the way. This included the Art Gallery, and **Government Museum**.

We arrived at about 1.30pm to the Golden Beach Resort, a peaceful beach with a huge stretch of orange sand. To get to the beach we had to go through an amusement park and there we spent about an hour taking in the beautiful scenery of neatly trimmed hedges, manicured lawns and rides all around. However, it was very quiet as it was a week-day afternoon. Nevertheless it was still a pleasant atmosphere especially to witness the joy on the girls' faces from the experience of this environment. After walking around the park we headed up to the beach and this I feel is where the highlight of the day was for everyone attending.

Here the next two hours were spent immersed in the water, a sight and feeling not to be forgotten. After enjoying the relief of the heat while in the sea, another hour was spent seeing the remainder of the amusement park. Here we experienced viewing some Indian dancing, and the girls really enjoyed this display of talent.

About 5.30pm we left the Golden Beach Resort and headed down the esplanade to do a bit of shopping on the beach before heading back to RUHSA. We managed to leave Chennai about 7.30pm with one more stop on the way at 9pm for dinner. From this point on everyone was exhausted from the educational and fun-filled day that was already behind us. Thus the rest of the bus ride back was spent dozing in and out of sleep with around fifty girls tossing and turning with no complaints at all through out the whole trip. We returned to RUHSA in the early hours of the following morning. It was a day filled with first experiences, fun, enjoyment and learning by all who participated.







